92-00			V
	Registration I	Dist. No. 3	ſ
No. death occurred in a hospital or institutio ds. How long in U.S. if of f			
roll.			
St., Ward.	If nonresident	give city or town an	d State
MEDICAL CE	RTIFICATE	OF DEATH	
21. DATE OF DEATH	/ 1	503	\$
~	(Month)	(Day)	, 193. (Year)
1 I last saw h Lana alive on C	928,10	16/ 28	4, 19 35
to heve occurred on the date stated a		m.	
The PRINCIPAL CAUSE OF DEATH were es follows:	and releted cause	s of importance	Date of onset
acule Corde	ich	elstalio	
Other Contributory Causes of imports Other Contributory Causes of imp	o co		
What test confirmed diagnosis?		Was there an	autopsy 220
23. If death was due to external cause			
Accident, sulcide, or homicide?	b	rate of injury	, 19
Specify whether injury occurred in II	(Specify city or t NDUSTRY, in HO	town, county and Sta ME, or in PUBLIC P	ate) LACE.
Manner of injury			
Nature of injury			
24. Wes disease or injury in eny way		tion of deceased?	no
If so, specify	of al. 2	wo len	M. D.
(Address)	geon.	ms	V

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year



B

20. FILEO Sept 2 , 1933 -

STATE OF MARYLAND—	CERTIFICATE OF DEATH	08817
1. PLACE OF DEATH	183	-
County Baltimore	Registration Dist. No.	8
Village or City Towson, Maryland. (If tength of residence in city or town where death occurredyrsmos.	No. Shepperd & Enoch Pratt Hospigal death occurred in a hospital or institution, give its NAME instead of street and m	
2. FULL NAME Mrs. Evelyn Wilcox Andrews (a) Residence: No. 2805 Lawina, Windsor Hills, (Usual place of abode)	St., Ward. Baltimore, Ma	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5EX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIOOWEO, OR DIVORCED (write the word) married	21. DATE OF DEATH September 1st (Month) (Day)	, ₁₉₃ 33 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Leroy Littell Andrews	22. I HEREBY CERTIFY, That I attended May 25 19 33 to Sept. 1	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 5:40 mA. M. The PRINCIPAL CAUSE OF OEATH and related causes of importance	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and property of the p	were as follows: Suicide by drowning	Oate of onset
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation occupation		
12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)	Other Contributory Causes of importance:	
	Manic Depressive psychosis,	.l.yr.
13. NAME Theodore Wilcox 14. BIRTHPLACE (city or town)	depressed phase.	8 mos.
I4. BIRTHPLACE (city or town)	Name of operation Date of	
	What test confirmed diagnosis? Was there an a	
15. MAIOEN NAME Lila Curley 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Suicide Date of injury 9-1 Where did injury occur?	, 19 33
17. INFORMANT Hospital Records. (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place / LALIAN LATER Date Slight 77., 19.33	Manner of injury	
19. UNDERTAKER That O. Mitchell & Sons (Address) 900 Centager Place	24. Was disease or injury in any way related to occupation of deceased?	

(Address) mary land If more blanks are needed, aberess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Registrar.

If so, specify

(Signed)

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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V. S. No. 1 B

OI DEATH	11200
(-7)	000
571	11

1. PLACE OF DEATH	571
County_Baltimore	Registration Dist. No.
Village or City Rosedale	No. Spring Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	(If death occurred in a hospital or institution, give its NAME, instead of street and number) mosds. How long in U.S. If of foreign birth? yrs mosds.
2. FULL NAME Aloyisus J. Anft	
(a) Residence: No. Spring Ave. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	. 21. DATE OF DEATH
Male White OR DIVORCED (writethe word	Sept. 6, 193 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Marguerite Anft.	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) July 2. 1846	I last saw h; death is said
7. AGE Years Months Days If LESS that I day.	
2 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, Carpenter	Prichts Desegge 6/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Brights Desease; Chronic.
10. Date deceased last worked at this occupation (month and spant in this	Duration: a assorber of years.
12. BIRTHPLACE (city or town) Ulisdorf. Silisia	Other Coutributory Causes of importance:
(State or country) Germany	Heart Failure
置 13. NAME Joseph Anft	
14. BIRTHPLACE (city or town) Germany	Name of operation none Date of
(State of Country)	What test confirmed diagnosis? NOBE Was there an aulopsy?
15. MAIOEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Otata of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marguerite Anft. Wife	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Spring Ave Rosedale Md. 18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Holy Redeemer Cong-Date Sept. 8 , 19.	Nature of injury
19 UNDERTAKER Lilly & Zeiler Sec.	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) 403 & Walfe St. Balto. In	de If so, specify
20. FILED Rept. 6 , 19 33 John 19 , Come	(Signed) TON SERVICE TO LONG TO M. D.
Acgistra.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago	
BUNDAU V.B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. N Village or City How long in U.S. if of foreign birth? Length of residence in city_or town where death occurred. (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 3_SEX OR DIVORCED (write the word) MARRIO (Day) (Year) 5a, If married, widowed, or divorced CERTIFY? That I attended deceased from (OF) WIFE of 12 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 11.30 A m If LESS than 7. AGE Months or min. 8. Trade, profession, or particular kind of work done, as SPINNER, LION Jo SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, may CUPA hould SAW MILL, BANK, etc 11. Total time (years) 10. Date deceased last worked at this occupation (ponth and spent in this occupation __ / FATHER See (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. shou OF 00 18. BURIAL, CREMATION, OR Manner of injury CAUSE Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased?. (Address) 100 If so, specify 20. FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
NUMBER V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

state

of

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth? yrs. mos. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) CERTIFY. That I attended deceased from Days If LESS than to have occurred on the date stated above, at ... The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 11. Total time (years) spant in this occupation ... What test confirmed diagnosis?. 23. If death was due to externat causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in tNOUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way retated to occupation of deceased? (Address) If so, specify Registrar. (Address) _.

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Example I		Example II			
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo		
0.1					
Other contributory causes of importance:		Other contributory causes of importance:			
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH US821
infor stat UPA	1, PLACE OF DEATH	(/3/)
	County Ballo	Registration Dist. No. 30
should of OCC	Village or City Calqueulle	No. Of the Horning St., Ward death occurred in a porpital of institution, give its NAME instead of street and number)
. 70		ds. How long in U.S. if of foreign birth? yrs mos ds.
SICIANS atement	2. FULL NAME John SF. Bruns.	
KI YS	(a) Residence: No. 230 & Callary Qual place of abode)	St., Ward. Ballo Tud If nonresident give city or town and State
CO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E. A.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dat) (Pear)
X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kalu & wuklena.	22. I HEREBY CERTIFY, That I attended deceased from
panel .	6. DATE OF BIRTH (month, day, and year) Que 29- 1857	I last saw had alive on Sell 19 1935; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 Cm.
IS A l stated proper	74 2.1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be so be poof ce	8. Trade, profession, or particular kind of work done, as SPINNER,	DA PAGA
-	AWIER, DUUNNEEPER, BIC.	- Chimile Migh Wises Lys
should it may n back	9) Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	
1 10 0	10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation occupation	
NFADING I oplied. AGE erms, so that instructions of	JB-00-	Other Coutributory Causes of importance:
ADI d. s, se	12. BIRTHPLACE (city or town) (State or country)	anteria Solomen
UNFA supplied n terms, ee instri	II 13. NAME John Breus	
Date "	14. BIRTHPLACE (city or town)	Name of operation
2.3	(State of county)	What test confirmed diagnosis?
INLY, W be careful EATH in i	15. MAIDEN NAME Release Rock	23. If death was due to external causes (VIOL ENCE) fill in also the following:
AINLY, ld be cal DEATH	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
be be imp	Wal- 1 A	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
Should OF D	17. INFORMANT CALL CALL CALL CALL CALL CALL CALL CAL	Specify whether injury occurred in Habbert I, in Home, of infrabello FEAGE,
shoul E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
STT Ion JSE	Place della Date 21., 193.3	Nature of injury
WRITI mation s CAUSE TION is	19. UNDERTAKER CAA Block (Address) 743 45 hoalf	24. Was disease or injury in any way related to occupation of deceased?
ä	CM 12 = 2 24 0 - 20 G/- 1	If so, specify (Signed) Marshall B 470 A M. D.
z	20. FILED Self 19.33 Mars all During Registrar.	(Address) Alama Da M. J.
(1)	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 02 1021 Chronic interstitial nephritis Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones Gastroen teritis 1 year

Letter filed	Sep 25, 19	33 under Dr.	Marshall	West,	authorizing	channe o	f middle
initial of	deceased's	name from S	to F.	In			

B.--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING TH UNFADING INK--THIS IS A PERMAN FOR MARGIN RESERVED AINLY WRITE

1 PLACE OF DEATH County Saltanon	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Parrons South Md	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Offo Such	holy stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male With the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Oct 10 , 1886	17 I HEREBY CERTIFY, That I attended the deceased from novel aliding. But Juil , 182 , that I last saw it alive an , 197
(Month) (Day) (Year) 7 AGE	The CAUSE OF DEATH * was see follows:
(a) Trade, profession or particular kind of work Tipe Titlet (b) General nature of industry business, or establishment in which employed or (employer) Ithlehum Heel Co	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Larmany	Contributory Secondary (Duration) yts mos ds.
10 NAME OF FATHER FINDERICAN Suchholy 11 BIRTHPLACE	(Signed) M. D. (Signed) M. D. *State the Disease Causing Death, or, In deaths from
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Violent Causes, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Strmany	ients or Recent Residents) At place In the State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) 29 Eistochip Rd. Dhulsen ond.	19 PLACE OF BURIAL OR REMOVAL Oct 2, 1923. 20 UNDERTAKER ADDRESS
Filed Just 29 19235 9 Mel mick Registrar	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more bianks are needed, address State Registra	AF, 10 W. Delatosa busy barrows, 11-1-1-1-1

10000

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it cases, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House loborer, Farm laborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesmon, (b) Grocery,
 man, (b) Automobile factory. The materia.

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was under-(secondary Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: *Measles* (disease Chronic valvulor heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY, PHYSI-nronerly classified. Exact RECORD MARGIN RESERVED FOR BINDING AINLY WITH UNFADING INK---THIS IS A PERMAN on should be carefully supplied ACE should -- Every item of inform WRITE 4. S. No. 1

	0.000
PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No. 3 3
Village or City Mt Pleasant & Jan Journe	Ward) (If death occurred a hospital or institution, give its NAME i
2 FULL NAME David Caplan	U. number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Stingle, MARRIED, WIDOWED. OR DIVORCES (Write the word)	16 DATE OF DEATH September 27, 133
Describer 13 881	17 I HEREBY CERTIFY, That I attended the deceased from Line 5. 1981. to September 27, 193. that I last sow how alive on September 27, 193. and that death occurred on the date stated above, at 6:35P.
FLESS than day hrs. 9 mos. / ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer).	Contributory Tuber Culvois of Larynx.
(State or country) Russia: 10 NAME OF FATHER Israel Caplan	(Signed) Mathem Loud M
OF FATHER (State or country) Macin	*State the Disease Causing Death, of, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training ients or Recent Residents) At place 1 yrs. 11 mos. 23 ds. In the State 37 yrs. mos
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Baltunaie Md. if not at place of death?
	usual residence 240/ Mesbury Ir. Ballemon
(Address) 2407 Calabem	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PURSUENT 9/28, 193

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

en at home, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. enpation is very im ortant, so that the relative health Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation - Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer 'reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in damestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons or At Home, and children, not gainfully em-For many occupations a single word or term on Furm laborer, yrs). without more precise specification as who are engaged in the duties of the For persons who have no occupation Stationary fireman, et. But in many If the occupation has been changed Laborer--Coal mine, etc. Wom-Locomolire engineer, Day

fever (the y definite synonym is "Epidemic cerebrospinal meria, itis" ; Diphtheria Stateme t of Cause of Death-Name, first, the DIS-Typhoid fewer never report "Typhoid Pneumonia" . ed term for the same disease. Elamples: Cerebrospinal to time a d causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect 1 thoughout Branchapneumania avoid use of "Croup ("Pneumonia,"

> as fracture of skull, and consequences (e.g., servis, teturur, may be said under the head of "contributory" "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, eausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Wessles; approved accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough, inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as Committee on Chronic Carcinoma, etc. nulrular heart disease; Nomendature The "Haemorrhage, Sarconu,, etc., of contributory " Shock," death

data is essent a and permanently filed. answered in detail, it will be vent further correspondence. he data is essent a range and the obtained before the cartificate is If this certificate remoked over thoroughly and all que tions



TOTAL CALL

STATE C	F MARY	/LAND-	-CERTIFICATE OF DEATH	08824
County Ballycore			93-2	116
	1.1		Registration Dist. No.	70
Village or City Nobels Cl.	7-/	· · · · · · · · · · · · · · · · · · ·	No. St., If death occurred in a horpital or institution, give its NAME instead of street	Ward
Length of residence in city or town where d	leath occurred	yrsmo	s. ds How long in U.S. if of foreign birth? yrs.	mos. ds.
2. FULL NAME Sister Ma				
(a) Residence: No.	teh Cli	() (labode)	St., Ward.	
PERSONAL AND STATISTI			If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE Ferrale White	5. SINGLE, MARR	IED, WIDOWED, (write the word)	21. DATE OF DEATH Sept. 6	103 3
5a. If married widowed or divorced	Surge		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of			22. 1 HEREBY CERTIFY, That I atten March 8 , 19.33, to Sept. 6	19.33
	1ay 9-18	758	I last saw h 12 alive on _ Sept. 6, 1933, 193	3; death is said
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 8.10 Pm.	
	27	ormin.	were as follows:	, Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Teacher		Mayocardial decompensate	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
10. Date deceased last worked at this occupation (month and year)	11. Total tim spent occup	e (years) in this ation		
12. BIRTHPLACE (city or town)	land		Other Coutributory Causes of importance:	
13. NAME Martin	arroll			
14. BIRTHPLACE (city or town) (State or country)	seland		Name of operation Date o	
5 15. MAIDEN NAME ELLE	4 Mul	111	What test confirmed diagnosis? Was there :	
16. BIRTHPLACE (city or town)(State or country)	Erelan		If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Where did injury occur?	
7. INFORMANT So Mary Cl. (Address)	ara lister	die lud	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE,
8. BURIAL, CREMATION, OR REMOVAL Place Notich Coliff Mos	Date Left	9 ,19.3.3	Manner of injury	
9. UNDERTAKER Frank a. (Address) 915 N. Gai	Jens 1		24. Was disease or injury in any way related to occupation of deceased? If so, specify	
10. FILED. 7/8 , 183 MACK	halleste	Registrar.	(Signed) Sulf Lellu A	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	777	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08825
1. PLACE OF DEATH	930
County Dallymon	Registration Dist. No.
Village or City Stoodlaw.	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
no ell	5
2. FULL NAME /// ary 6. Olar	1
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH/ //
Hemale White OR DEVORCED (grite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John. a. blands	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1-4-1863	I last saw walive on Say 1, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 320 a.m.
70. 7 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	N/SA
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	my readiles 1939
work was done, as SILK MILL, SAW MILL, BANK, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) spent in this occupation.	
Baltoni	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	artires-selvass 1928
13. NAME JOO. W. Concles 14. BIRTHPLACE (city or town) My O.	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Physical Was there an autopsy?
15. MAIDEN NAME Classes don Knoll	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Commander Knott 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT M. S. Stadler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 38/2 Lynn O	5
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Del d'Ou Date / 19.5	Nature of injury
19. UNDERTAKER I H, Mic Gally	24. Was disease or injury in any way related to opcupation of deceased?
(Address) 130 €. Hov	If so, specify
20, FILED The 19 Stephense	(Signed) M.D.
Registrar.	(Address) 222 Marrison To
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	91.000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state OCCUPA

of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH US824
1. PLACE OF DEATH	95-E) .
County Buttimod	Registration Dist. No. 37
Village or City / nuroum	No. St., Ward (If death occurred in the horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	os. 3. ds. Now long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Darvey 4, 6 on	gle I so
(a) Residence: No. FO V E. Matter (Usual place of abode)	St., Ward. Dallwood, And If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET de 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept (Day) (Year)
5a. If married, widowed, by divorced HUSBAND of	
(or) WIFE of Jenne Dougle	22. I HEREBY CERTIFY, That I attended deceased from
Tal- 78 1880	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hr ormin.	to have occurred on the date stated above, atm,
53 G 19 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes on importance
8. Trade, profession, or particular	Geerte dilatation of heart Date of onset
kind of work done, as SPINNER, Labour	
9) Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
12. BIRTHPLACE (city or town) Mary land (State or country) 2 13. NAME Cleyander & ougle	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Wellyander & ought	
14. BIRTHPLACE (city or town). Multiple (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wary Charly 16. BIRTHPLACE (city or town) (State or country) Attic Park	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 1 Mary land (State or country)	Accident, suicide, or homicide?
y His Ping	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Specify whether injury occurred in INDUSTRY, IN NUME, OF IN PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Jessop Balloto Date Sept 22,193.	Nature of injury
toling as w Dord on !	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER OF THE TOTAL CONT.	If so, specify A
20. FILED Sept 21, 1933 Milliam Ilahilis	(Signed) William ! Butter Coronard
Registrar. If more blanks are needed, address State Registra.	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
a) more viented are necessary didne Kegistra	er, aqua an Chanes Street, Danimore, Requesting U. S. 140. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	12 21	
	County Balto	Registration Dist. No. 442
	Village or City Rake land	No. Tahl aux St., Wa
		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How tong in U.S. if of foreign birth?
	1/ 1. 4 1 1	0
2	2. FULL NAME Catie & Dagg	f & O
	(a) Residence: No. 9246 Close (Usual place of abode)	St., La Madaud If nonresident give city or town and State
Mary	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DISORCED (write the word)	21. DATE OF DEATH SEAT 29 12 193 3 (Year)
ōa.	If married, widowed, or divorced	
	HUSBAND of Grongs Detail	22. I HEREBY CERTIFY, That I attended deceased for Sept 26 1933 to Out 26 193
	Sel + 127 18 51	Hast saw h A alive on Sept 2 19.33 death is
_	DATE OF BIRTH (month, day, and year) SEAT 18 18 18 18 18 18 18 18 18 18 18 18 18	to have occurred on the date stated above, at 6:00 Am.
	77 0 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trade, profession, or particular	vere as follows: Date of or
01	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	
CCUPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic myocarditis. Cent
כ	10. Date deceased last worked at 11. Total time (years)	Doration : about these months
0	this occupation (month and year) spant in this occupation	
12	BIRTHPLACE (city or town)	Other Contributory Causes of importance:
140	(State or country) Terms any	
ER	13. NAME ? Suith	
FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of
×	(State or country) Firese any	What test confirmed diagnosis: Thy sie Sera Was there an au'opsy?
보	15. MAIDEN NAME Un Known	23. If death was due to external causes (VIDLENCE) fill in also the following:
Ω Ω	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	(State or country) Jerunary	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT Maria I. Ditall	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place Isinity Half woate but 12, 1933	Nature of injury
10	HADROTAVED WIN COTTE	24. Was disease or injury in any way related to occupation of deceased?
19.	UNDERTAKER (Addysss) 1217 St Haul St	If so, specify
20	FILEDS At 21 1933 Plant elle	(Signed) All ostling MM
ZU.	Registrar.	(Address 2623 Washington Bluz

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person uged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1928	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Gallstones		May 1,1928	Gastroenteritis	1 year
	ADDITIONAL S	SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	7

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statement PHYSICIAN

> certificate properly

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(Address)

Registrar.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1. PLACE OF

County Village or Ci

Length of resid

PERSON

2. FULL NAM (a) Residence

5a. If married, widowe HUSBAND of (or) WIFE of

6. DATE OF BIRTH

8. Trade, profes

Industry or t work was SAW MILI

10. Date decease this occup

12. BIRTHPLACE (city (State or coun

14. BIRTHPLACE

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

13. NAME

3. SEX Female

7. AGE

OCCUPATION

FATHER

MOTHER

S ⁻	CATE C	F MAR	YI AND-	CERTIFICATE OF DEATH 08831
CE OF DEAT		/I WIAIX	LAND	CERTIFICATE OF BEATTI
				(106:3)
nty <u>Balti</u>				
age or CityH	alethorr	e	(16	No. 329 Winans Ave. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
th of residence in cit	y or town where	death occurred 16	yrsmos	ds. How long in U.S. if of foreign birth?
L NAME		Julia	Edwards	
Residence: No 3	29 Winan	S Aye., H	lalethorpe	St., Ward. If nonresident give city or town and State
RSONAL ANI				MEDICAL CERTIFICATE OF DEATH
	or RACE		RIED, WIDOWED, O (write the word) Howed	21. DATE OF DEATH September 24 193 3 (Month) (Day) (Year)
ed, widowed, or divor	ced	Edwards		22. HEREBY CERTIFY, That I attended deceased from
	_		050	I last saw h. Q.Y. alive on Deft 2 4 19 3 death is said
BIRTH (month, day, Years	, and year) J Months	une 13, 1	.85%	I last saw h_Qr alive on
81	3	11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
de, profession, or pa kind of work done, a SAWYER, BDOKKEER	IS SPINNER.	None		Thronce Deor Chile Quelvoion
ustry or business in work was done, as SI SAW MILL, BANK, et	ILK MILL.			
e deceased last work this occupation (mon year)	th and		me (years) It in this pation	
LACE (city or town) _ te or country)	Charl Md	otte Hall		Other Coutributory Causes of importance:
ME	Gideon D	. Harriso	n	
THPLACE (city or tow (State or country)	***/	lotte Hal	1	Name of operation Date of What test confirmed diagnosis? Cleure al Was there an autopsy?

Emily Dent Charles County Md.

(State or country) Edwards Claude P.

(Address) All Faith Ceme Place Cha

19 UNDERTAKER (Address) 20. FILED

24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed)

(Address)

Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

Nature of injury

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or lown, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		PRESCRIPTION	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMEN	TS BY	PHYSICIAN
--------------------------	---------------	-------	-----------

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
County Baltingore,	Registration Dist. No.
Village or City Zarchmont	No. 5 Particular St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Nathan Jackso	u theoth
(a) Residence: No. 5 Parkedrive	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVIORCED (write the word)	21. DATE OF DEATH Super State (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mary L. Illest	22. I HEREBY CERTIFY, That I ettended deceased from and 195 to Select. 28 5 195 91
6. DATE OF BIRTH (month, day, end year) O/X. 35-1859	I last saw hem alive on Soul 26/th, 19 33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 P. m.
73 // 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Caremonia of the liver Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. 10. Date deceased last worked at this occupation (month and spent in this sevent in the sevent in this sevent in the sevent in this sevent in this sevent in the s	
work was done, as SILK MILL, Stuu.	
O 10. Date deceased last worked at this occupation (month and year)	
B. H.	Other Cuntributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Money
13. NAME MUMONAS Illiott 14. BIRTHPLACE (city or town) 15. (State or country)	
4 14. BIRTHPLACE (city or town)	Name of operation & aparalamy Date of aug. 28433
(State of country)	What test confirmed diagnosis? Operation Was there an au opsy? Des.
15. MAIDEN NAME REVECCADANTO	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME RESECCATANTON 16. BIRTHPLACE (city or town) (Statemer country)	Accident, suicide, or homicide? Date of injury, 19
E (State-or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MS Hary & Miles W. (Address) 5 Las & Drwe	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL)	Manner of injury
Place A Guado N Cut Date Ct. 7,1935	Nature of injury
19. UNDERTAKER VILLE LANGE BONG (Address)	24. Was disease or injury in any way related to occupetion of deceased?
10/12	(Signed) Henry on Hill M. D.
20. FILED 19 19 Registrar.	(Address) 3711 Diberty Ata are
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 4-1900			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

should state

STATE OF MARYLAND—CERTIFICATE OF DEATH

SIMIL OF MARKETENING	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Sallmore	Registration Dist. No.32
Village or City Orlan ville	No. St., Ward
()f	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME A. Tragg.	
(a) Residence: No. 4 Linden Service (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE North OR DIVORCED (wife the word)	21. DATE OF DEATH So W 193 (Month) (Day) (Year)
Ta. It married, widowed, or divorced HUSBAND of	
(or) WIFE of Clier & Hagg	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Feb 26 1885	Hast 32W h slive on 19 death is seid
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at A m.
78 7 4 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as tollows:
kind of work done, as SPINNER, Confernier SAWYER, BDOKKEEPER, etc.	Chranc valvular
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<i>(</i>
	head disease
10. Date deceased last worked at this occupation (month and year) occupation	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13, NAME THE THE FLAGGA	
13. NAME JUM L FLUYY	
(State or country)	Name of operation Date ot
15. MAIDEN NAME Paraline 6. Table	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Constine on Jagos	23. It death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) () (State or country)	Accident, suicide, or homicide? Date of injury, 19
an Of Commy	Where did injury occur? (Specify city or town, county and State)
(Address) Filescille may	Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL,	Manner of injury
Place Date Date 1953	Nature of injury
19. UNDERTAKER NEM J. Leckne Home	24. Was disease or injury in any way related to occupation of deceased?
Cala Matterhan	If so, specify
20. FILED Registrar.	(Signed) Management M. D. (Address) Malswill and
Registrar.	(viniezz)

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	THE PARTY OF THE P	
	The second second	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL DI MODITORI I CREATIBLE DI MALIANIDI DI TITIDICIA	ADDITIONAL SPACE FOR FURT	IER STATEMENTS	BY	PHYSICIA
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FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH County Ballunary Village or City James On Segistration Dist. No. 3 No. 7 James On Segistration Dist. On Segistration Dist. On Segistration Dist. On Segistration Dist. On Segistrati
Village Dr City Lawson No. 79 And Road St., Ward (It death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs mos ds. 2. FULL NAME
Length of residence in city or town where death occurred of the things o
Length of residence in city or town where death occurred Affystule mos. 2. FULL NAME (3) Residence: No. 7 0 9 4 6 Country (3) Residence: No. 7 0 9 4 6 Country (4) Clustal place of a bode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, da), and year) 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 9. Industry 19. Journal of Single Or Country 19. Journal of Single Or Country 19. Journal of Single Or Country 19. SINGLE OF COUNTRY 11. Total time (years) 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Color of the word
2. FULL NAME (a) Residence: No. 7.9.9 Year Management of the State State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surite the word) Set II married, widowed, or divorced (or) WIFE of Fay with the word (or) WIFE of Fay with the word) 58. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or, min. 8. Treade, profession, or particular or, min. 8. Treade, profession, or particular or, min. 8. Treade, profession or particular or, min. 8. Treade, profession or particular or, min. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 11. Total time (years) 12. BIRTHPLACE (city or town) Citate or country) What test confirmed diagnosis? Was there an aulopsy? What test confirmed diagnosis? What test confirmed diagnosis? Was there an aulopsy?
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fig. 1 Married, widowed, or divorced HUSBAND of (or) WIFE of Adjusted Adj
OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or)
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7. AGE Years Months Bays If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month end year) (State or country) 13. NAME Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance Were as follows: Date of onset Wigner Last Accessed importance Other Coutributory Causes of importance: Under Coutributory Causes of importance: Name of operation Date of Name of operation What test confirmed diagnosis? Was there an aulopsy? Under the country of the date stated above, at Joseph Control of th
8. Trade, profession, or particular kind of work done, es SPINNER, SOWKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. Name of operation. Name of operation. What test confirmed diagnosis? Was there an aulopsy?
8. Trade, profession, or particular kind of work done, es SPINNER, London SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. NAME 16. Name of operation. Name of operation. What test confirmed diagnosis? Was there an aulopsy? Left.
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(State or country) 13. NAME Basil Yvay 14. BIRTHPLACE (city or town) + realizable Co (State or country) What test confirmed diagnosis? Was there an aulopsy?
13. NAME Basil Gray (14. BIRTHPLACE (city or town) Gray (State or country) What test confirmed diagnosis? Was there an aulopsy?
What test confirmed diagnosis? Was there an aulopsy?
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15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Colored Country) 18. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19. Colored Country
S (State or country) Where did injury occur?
(Specify city or town, county and State) 17. INFORMANT (Address) 7 0 9 10 18 18 18 18 18 18 18 18 18 18 18 18 18
18. BURIAL CREMATION, OR/REMOVAL A Root Manner of injury
Place 0/1/33 Illasays 19 Nature of injury
19. UNDERTAKER Charles 24. Was disease or injury in eny way related to occupation of deceased? (Address) 5.144 Mod Carlotters 25. If so specify
20, FILED Slepts. 30, 1933 A. P. Bulle (Signed) Selle & Gulle M. D.
If more blanks are needed Adver Series Projects and N. Chadra Series Politics Projects Projec

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
		- La a average		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		CHARLEN		
		No. of the last of		

ADDITIONAL SP.	ACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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CERTIFICATE OF DEATH Registration Dist. No. Village or City (No. (If death occurred in a hospital or institution, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH MARRIEL WIDOWED 192 OR DIVORCED ay (Month). ... (Day) 6 DATE OF BIRTH I HEREBY CERTIF That I attended the deceased from B (Day) dfl.ESS than and that death occurred on the date ated above, at day hrs. The CAUSE OF DEATH * was as follows ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work pial (b) General nature of industry business, or establishment in __ which employed or (employer) E S 9 BIRTHPLACE (State or country) OB 10 NAME OF 00 11 BIRTHPLACE O LU FZ *State the Disease Causing Death, or, in deaths from 的元 Violent Causes, state (1) Means of Injury and (2) Whether (State or country) 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos ds. (State or country) 00 Where was disease contracted, shoul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?. usual residence ... (Informant) (Address) ADDRESS tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. If more bianks are needed, and

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know a the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulless of various pursuits can be known. The queswhatever, write Nonc. business, that fact may he indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealnature of the business or industry, and therefore an tical applies to each and every person, irrespective of age. For many occupations a single word or term on cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. to report specifically the occupations of household only not paid Housekeepers who receive a Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, Foreman, or At Home, and children, yrs). Farm laborer. Loborer-(b) Cotton mill; without more precise specification as Day For persons (b) Automobile factory. The material If the occupation has been changed Architect, Locomotive engineer, (a) Salesman. who have no occupation -Coal mine, etc. Womnot gainfully em-(b) persons en-

spinal meningitis"; Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: ('erebrospinuly EA E CAUSING DEATH the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptthe only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,"

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iracture of skull, and

anus) may be stated under the
Accommendations on statement
approved by Committee on Nonen

American Medical Association.)

If this certificate is looked over tionuchly and if answered in detail, it will prevent further correspondence answered in detail, and must be obtained before the strilling termanently filed. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Exhaustion," "Heart range,"
"Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" tclanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was can be ascertained as the cause. Always qualify all 10 ds. Never feport mere symptoms or terminal conditions, such as "Asthema," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valuelar heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be as fracture of skull, and eonsequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY use of "Tumor" (name origin; "Caneer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," illity" ("Congenital," "Senile," etc.); "Dropsy," haustion," "Heart failure," "Haemorrhage," for malignant neoplasms); Example: Measles (disease Mousles;

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definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more present in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fuluess of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, or as probably such, it impossible to determine definitely. Examples: Accidental depoining; Struck by railway train—accident; Resolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skuth and consequences (e. g., sepsis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" Recommendations on statement of cause of death approved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) taken. For violent deaths state means of injuny days) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease for malignant neoplasms); Measles; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is exertial and must be obtained before the certificate is permanently filed.

X	N. BWRITE PLAINLY, V H UNFADING INK-THIS IS A PERMANEN ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-statement of OCCUPA-	/
FOR BINDING	IS A PERMANEN	stated EXACTI	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	H UNFADING INK-THIS	r supplied. AGE should be	in terms, so that it may be	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLATMLY, V	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	90837
County Baltimore	Registration Dist. No. 3
Village or City Near Kyton	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) .//ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John A. Sylvan	the second second
(a) Residence; No./ Stelley ave./	St. Ward Alt- Mashineston Ald.
(Usual place of /abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3.SEX, 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male Colored OR DIVORED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Catherine Libron	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Way 22 1901	I last saw h alive on, 19; death is said
7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, atm.
3 2 4 4 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	machined Mull caused by
9 Industry or business in which	automobell accident
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) spant in this occupation (coupation)	
Mad	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 40000. (State or country)	
13. NAME John W. Gibson Sv.	
13. NAME JOHN W. Gibson Sv. 14. BIRTHPLACE (city or town) Md.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sarah Banks 16. BIRTHPLACE (city or town) W (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident. Date of injury Soptists, 1933 Where did injury occur? According Baltimore Co and
Pari: (1) Branca	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 5337 Semmer (we.	In Jublic place: On Boyce areme, near Ruston.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Outomobila accident:
Place WW Sawary Date WW 50 ,1933	Nature of injury Frontsured skull.
19. UNDERTAKER MUS GLOGGE EV Halland	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1/2 3 1 Definal Hell We. Halto.	(Signed) Williams Prutter (Courses n. p.
20. FILED Steff 30, 1933 10" Sutter	(Signed) Vialientes Since (Address) (Address) (Address) (Address) (Address)
If more blanks are needed advert State Projection	N. Charles Street Belginson, Daniel 973 C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womfired 6 yrs. For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material not gainfully em-

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Examples; Accidental drowning; Struck by railway train— brident; Recover wound of head—homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Exhaustion," "Heart lanure, "Alvays," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "FUERPERAL septicumia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy",
> "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of taken. FOR YICLENT DEATHS state MEANS OF INJULY and THE LESS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mengarbolic acid-probably suicide. The nature of the injury, (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, Never report more symptoms or terminal condiby Committee on or intercurrent) Chronic etc. The contributory affection valvular heart Nomenclature need discase; not be ctc., 01 death

for addition

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

03839

1. PLACE OF DEATH	_		(13)	
County Baltimore	****		Registration Dist No. 32	044=04-00====
Village or Cityt. Wilson			Mt. Wilson Branch, Md. NoTuberculosis Sanatorium St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death	occurred 2		death occurred in a hospital or institution, give its NAME instead of street and in 12 ds. How long in U.S. if of foreign birth?	
2. FULL NAME Charles I				
(a) Residence: No. 1117 Gree		Ave.	St., Ward. Baltimore, Md. If nonresident give city or town and	d State
PERSONAL AND STATISTICA	L PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIE OR DIVORCED (1	write the word)	21. DATE OF DEATH September 25th,	, 193 3 e
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Si	ngle.		22. I HEREBY CERTIFY, That I attended March 14th, 1931 to Sept. 25th	
6. DATE OF BIRTH (month, day, and year) Augu	et 15th	1 1885	Hast saw him alive on September 25, 1933	
7. AGE Years Months 48 1	Days	If LESS than l day,hrs.	to have occurred on the date stated above, at 1.0. A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Pip SAWYER, BOOKKEEPER, etc	red pip	es	Pulmonary tuberculosis.	Jan.
SAW MILL, BANK, etc	11 Total time		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Baltimor (State or country) Maryland			None	
13. NAME Joseph Gothard				-
13. NAME Joseph Gothard 14. BIRTHPLACE (city or town) Unknov (State or country) Englar			Name of operation No operation Data of What tast confirmed diagnosis? X-ray and was there an	
当 15. MAIOEN NAME Mary Hopki	ns		What tast confirmed diagnosis? X-ray, and was there an tubercle bacilli were found I 23. If death was due to external causes (VIOLENCE) fill in also the followin	n sputur
15. MAIOEN NAME Mary Hopkins 16. BIRTHPLACE (city or town) Unknown (State or country) Ireland,			Accident, suicide, or homicide? Oate of injury	
17. INFORMANT Jours A. Ach. (Address) Wit. WIISON,	werkoh,	<i></i>	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Calle chal and	lor Sef	1. 281933	Manner of injury	F1000-100-100
19. UNDERTAKER CANALISTICS (Address) 424 France	onkly	7-	24. Was disease or injury in any way related to occupation of deceased? If so, specify	No
20. FILED if 26, 1933 17	901	Mar. Registrar.	(Signed) The C. Juelle (Address) Nit. Wilson, I.d.	м. О.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		DEWINED EN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER S	STATEMENTS	BY	PHYSI	ICIAN
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If so, specify

If more blanks are needed, addre & State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrar.

(Address)

Oate of onset

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20. FILED __

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	088

1. PLACE OF DEATH		(13)	,
County		Registration Dist. No.	
Village or City Langth of residence in city or town where o		No. St., St., death occurred in a horpital or institution, give its NAME instead of street and nunds. How long in U.S. if of foreign birth? yrs, mos.	
a - Marie Parla	A. Drieg-	ef th:	
(a) Residence: No. 2	(Usual place of abode)	, St., Ward. 63 9 Af Bulley St. If nonresident give city of town and St.	1. Bas
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20	93.3
ie. If married, widowed, or divorced	willowed	(Month) (Day)	(Year)
HUSBAND OF COMMISSION OF COMMI	sule Littere	22. I HEREBY CERTIFY That y attended dec	ceased from
. DATE OF BIRTH (month, day, and year) 18	53 aug-25.	I last saw h en alive on sent 1933; d	death is said
AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
18 10	25 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	munile.	Cardia- Vans les	ate of onse
kind ol work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et		Mush disease.	6 <i>g</i> h
10. Date deceased last worked et this occupation (month and year)	11. Totat time (years) spant in this occupation		
2. BIRTHPLACE (city or town) Part as	Seposit Jud	Other Coutributory Causes of Importance?	205
	Brig.	Mistra-interities	Çds.
13. NAME 14. BIRTHPLACE (city or town) (State or country)	land	Name of operation Data of What test confirmed diagnosis?	psy2//1
15. MAIDEN NAME Ourse	Towelf	23. If death was due to externat causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	11.	Accident, suicide, or homicide? Date of injury	., 19
(Stata or country)		Where did injury occur?	
7. thformant (Address)	pyce ((Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
8. BURIAL, CREMATION, OR REMOVAL Place	Data floof 54 19 30	Manner of injury	
19. UNDERTAKER 7. (Addiess) 3770 8	salt 1	24. Was disease or injury in-any way related to occupation of deceased?	20
20. FILED Sept. 20, 19 33 My	n/s. Comelly	(Signed) (Address) COZE ACLE	M. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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CTATE	OF	MADVI	AND-CERTIFICATE OF	DEATH
SIAIE	UF	WARTL	AND-CERTIFICATE OF	DEAIR

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08842
1. PLACE OF DEATH	(131)
County Osellisius	Registration Dist. No.
/ Village or City Lex as	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Harris	
(a) Residence: No. Lex Co.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced fermie family (or) WIFE of	22, I HEREBY CERTIFY, That I ettended deceased from 1933 to Selve 14 1933
187/2 unknow	Wast saw h. 1 alive on SUM 12 1933; death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 242 m.
a 3-7 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work dene, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronin Interstitud
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	an tie Reemandaten
10. Date deceased last worked at this occupation (month and year) occupation	J
12. BIRTHPLACE (city or town) Long M d yrchn (State or country)	Other Coatributory Cases of importance:
13. NAME amos totom floris	
13. NAME Comos the strong of t	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Ligaristonian Hollas	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) When (State or country)	Accident, suicide, or homicide?
17. INFORMANT alms Horry Record (Address) Lix as My	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Please Rest Town Date Sept 17, 1933	Manner of injury Notus
19. UNDERTAKER Byron & Manie Wright Balle (Address) 12/8 Mcelderry St Balle	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Sept 14 17 19 33 William Jehn Coat	(Signed) Bense M.D. (Address) Cherroll Meg
If more blanks are needed address State Registrary	2477 N. Charles Street Relimone Pagnetine 7) C. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person ho sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis 6	3 days ago
Other contributory causes of importance: Gallstones	May 1 1963	ther entributory causes of importance:	1 year
		5/	

CAUSE LION

FOR

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MARGIN

3. SEX

7. AGE

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

1.4.1 19.3

17. INFORMANT

19. UNDERTAKER (Address)

20. FILED

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos. ____ds. How long in U.S. if of foreign birth? _____ yrs. ____ mos. ____ds. 2. FULL NAME (a) Residence: No. sual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Years Months If LESS than to have occurred on the date stated above, at, 1 day, ----- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows or____min. Date of onset kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc

8. Trade, profession, or particular TION 9. Industry or business in which work was done, as SILK MILL, OCCUPA SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) weakness from sendity. (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER

Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19___

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Registrar.

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Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY UNFADING INK-THIS IS A PERMANEN properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on hack of certificate. CAUSE OF DEATH in plain terms, so that it may be should be AGE supplied. mation should be carefully N. B.-WRITE PLAINLY

V. S. No. 1

should state of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

08544

1. PLACE OF DEATH	dan ce		2 2	9 10
County Ballants			Registration Dist. No.	
Village or City OP - 12 Co		(16	NoSt., death occurred in a hospital or institution, give its NAME instead of street and num ,ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Amalos	en Tre	ishal	Varante	
(a) Residence: No.			St. Ward.	
(a) Residence. No.	(Usual place	of abode)	If nonresident give city or town and Sta	e
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of		2	22. Ball HEREBY CERTIFY. That I attended deco	eased from
6. DATE OF BIRTH (month, day, and year)	lug. 3.	-1933	1 last saw h alive on 8 3 de, 20, 19 3 3, de	eath is said
7. AGE Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	spa	ime (years) nt in this upation	Other Contributory Causes of Importance:	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	de mo		Name of operation Date of What test confirmed diagnosis? Was there an auto	
17. INFORMANT	7. H.	www egm	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicida?	
(Address) 18. BURIAL, CREMATION, OR REMDVAL Place Hum Car Windows	L Date 9 4	let al, 1932	Manner of injury	
19. UNDERTAKER (Address) St., Pana 7	2 monto		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED & 1 1 28, 19 33 C	in mark	Registrar,	(Signed) St. Vm, Shadee (Address) Restantana Zeed	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
of death and related causes s follows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
auses of importance:	
	1 year
auses of importanc	e:

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. Mo. 1

STATE OF	F MARYLAND-	CERTIFICATE OF DEATH 08845
1. PLACE OF DEATH	/	93-2)
CountyBall	imere	Registration Dist. No.
Village or City Upper	Hails	NoSt,Ward
Length of residence in city or town where dea		death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmos. ds.
1	is & ILour	
2. FULL NAME Jens	il, o, lo con	O4 Ward
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE !	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SUM. 20 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Man En 16	tess.	22. I HEREBY CERTIFY. That Lattended deceased from 19 37 to Suff 20 , 19 33
6. DATE OF BIRTH (month, day, and year)	1863	Clast saw har alive on Eigh (9 .19 33, death is said
7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, al. Z m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Nurse	Chronic Myocardelis
8. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
10. Data deceased last worked at this occupation (month and 1931)	I1. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) & & & & (State or country)	find Co	Dither Contributory Causes of importance:
13. NAME John	Pice	
14. BIRTHPLACE (city or town)	unford Co	Name of operation Date of
(State of Country)	mil	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarale.	6. Stinh	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sasak 16. BIRTHPLACE (city or town) (State or country)	med,	Accident, suicide, or homicide?
17. INFORMANT Sue for (Address)	hosing St Bal	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Come	Oate Sept. 22, 1933	Manner of injury
19. UNDERTAKER Hornborge (Address) Blusse	not Gross	24. Was disease or injury in any way related to occupation of deceased?
20, FILED. 9/2/ , 183/1000	11 Modernan	(Signed) Luse Juran M. D. (Address) Lungsville Mu
If more hi	and are needed address State Registrar	2411 N Charles Street Baltimore Requesting T) S No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cottou mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
	OR SECULS.	4 0 40	T CACT TYTE	NATURAL AND STREET	3.7 A.		4.4

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3 SEX

7. AGE

OCCUPATION

FATHER

MOTHER

On

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CAUSE mation

NOIL

HU3BAND of

(A) WIFE of

0

(State or country)

(State or country

(Address)

10. Date deceased last worked at this occupation (month and 11. Total time (years) occupation 12. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) Where did injury occur?. (Specify city or town, county oud State)
Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury. 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08847	
1. PLACE OF DEATH		
County Baltimore	Registration Dist. No.	
4 0 +1.	50.:16	d
Village or City / Calculation (If	death occurred in a hospital or institution, give its NAME instead of street and number)	u
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth? yrs. mos.	s.
2. FULL NAME Why Love 160	Juan	
(a) Residence: No. Thurs Our Ha	Buthomuse hid,	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tho word)	21. DATE OF DEATH	
male little married	(Monwh) (Day) (Year)	
ia. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased fro	
ton) wife of I da boffman.	and the 1033 to Sent 9 1033	5
DATE OF BIRTH (month day and wast) Cess. 24 1858	I last saw h Lean alive on degrat 8 1973; death is sa	aid
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 800 Am.	
7 - 4/ 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	et
8. Trade, profession, or particular kind of work done, as SPINNER, Willow Woodcan SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
SAW MILL, BANK, etc. products		
10. Date deceased last worked at 3 yrs 11. Total time (years) this occupation (month and 3 yrs		
year) occupation occupation	Other Contributory Causes of importance:	_4
12. BIRTHPLACE (city or town) Wurley Very	Cardiac Postificioney sophi	2/3
(State or country)		
13. NAME Score Hoffmant.		
14. BIRTHPLACE (city or town) Bear ana	Name of operation	
(State or country)	What test confirmed diagnosis? Kerra Cal and there an autopsy?	0
15. MAIDEN NAME Koza Kerline	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	e e e
(State or country)	Where did injury occur? (Specify city or town, county and State)	~ ~
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
IS BURIAL CREMATION OF REMOVAL	Manner of injury	
Place Toursey Tack (Ole Darolet 17 1933	Nature of injury	
In 12/3 Cale		
19. UNDERTAKER (100 B W. Daylo Struck	If so, specify	
11/11/22 // May 1/	(Signed) Thamance Which M.	D.
20. FILED 19 19 19 3 3 Well Meet few	7412 1/20:	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		· Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RITE	Every Item of
M	Every
	m
	N.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
P = P	Registration Dist. No. 33
Village or City Mt. Pleasant June. Person	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED CUTY (Write the word)	le. September 25, 1933. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
January 13, 190	2 March x 9 133. 10 Sept. 25 ,1933.
(Month) (Day) (Ye	01. 2
7 AGE IIILESS I day	The second secon
8 mos. 12 ds. or n	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 3 yrs. mos. de.
9 BIRTHPLACE (State or country) Ballimoil Md.	Contributory Julianillous Jaaryng (Durstian) yrs mos ds.
10 NAME OF Joseph Hurwitz	(Signed) Mathen Levit M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lena Davidson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	ients or Recent Residents) At place of death yrs 5 mos 27ds. In the State yrs 6 mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Bultungs Md.
(Informational Kumb	Former or usual residence 811 Holling St.
(Address) 811 Halling It	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19-26-63
Filed Justa 25 1923 Price Le S. Registra	20 UN DERTAKER DE 1439 & Ball
If more blanks are needed, address State Regi	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coat many laborer, Farm laborer, Haborer the duties of the at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an Civil engineer, or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnner, (b) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was understated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ECORD. Every item of infor-A PERMANEN FOR BINDING S H UNFADING INK-THIS MARGIN RESERVED

should state

PHYSICIANS

stated EXACTLY.

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA-

(3)	PLAINLY,
,	-WRITE

V. S. No. Ω.

	MARYLAND-	CERTIFICATE OF DEATH 08849
1/ PLACE OF DEATH		81.00
County / Sallon		Registration Dist. No.
Village or City (2000)		ND. St., W death occurred in a hospital or institution, give its NAME instead of street and number)
	pm - 1 1	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Boille ann	E . Stuster	
(a) Residence: No. 2000 (E	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)		21. DATE OF DEATH
5a. If married, widowed, or divorced HUJBAND of (or) WHE of	Orrgania de las Cos	22. HEREBY CERTIFY. That I attended deceased 12/64, 750, 1933, to 17, 19.3
6. DATE OF BIRTH (month, day, and year)	717-1856	I last saw h. alive on 5 4 16 ,1933; death is
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
77 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of o
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	arres	Contral Stemonships
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) 22 d	,	Dther Contributory Causes of Importance:
(State or country)	Ingles	-
13. NAME The organ Va		
14. BIRTHPLACE (city or town)		Name of operation Date of
(State or country)		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & areh 17	ressellum	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME & arble 77 16. BIRTHPLACE (city or town).		Accident, suicide, or homicide?, 19
∑ (State or country)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Man Theory (Address)	a drafteran	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMDVAL Place 732 (- Green D.	ate 2 64. 19 = 1933	Manner of injury
19. UNDERTAKER & dru and (Address) I famps lead	Liploys	24. Was disease or injury in any way related to occupation of deceased?
20. FILED A 17, 1933 07	Registrar.	(Signed) At. M. Dladr (Address) Para less lance 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE O

2. FULL NA

5a. If married, wido HUSBAND of (or) WIFE of

6. DATE OF BIRTH

10, Date deceas this occu

12. BIRTHPLACE (c (State er cou

13. NAME

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

TION is very

on

BINDING

FOR

MARGIN RESERVED

-WRITE

8

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08850
PLACE OF DEATH	92:0
County Baltanare	Registration Dist. No. 73
Village or City muleton	
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
FULL NAME Ganett J. Hu	teling
(a) Residence: No. 9 Membelon n.d	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 5 193 3 (Year)
married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
TE OF BIRTH (month, day, and year) Was -17 1838	1933, to 3, 1933. I last saw h alive on 244 5 1933: death is said
E Years Months Days If LESS than	to have occurred on the date stated above, at 4 P. m.
95 5 19 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	antenia Sclerana
% Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc	avili enrufficiency
0. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	4
IRTHPLACE (city or town)	Other Coutributory Causes of importance:
3. NAME garett & Hulding	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLAC (State o 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) (State or country Where did injury occur?___ (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 20. FILED.

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of Injury Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

inforstate

item of

of OCCUPA.

1. PLACE OF DEATH

08851

(31)
Registration Dist. No. 2
Al-
No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
os. ds. How long in U.S. if of foreign birth?yrs mos ds.
hus.
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
Sest, 4 193 3
(Mouth) (Day) (Year)
22/ I HEREBY CERTIFY That I Atended deceased from
lug / 1937 10 Sest, 4 1933
4 11-1 9 1
- A - and
to have occurred on the date stated bove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
10 1 10 1
aretrallerlervoecherses ?
6
Chronic interstitial nephritis Duration
Other Contributory Causes of importance: not Penowow.
- A - Cue
- Led helbrites
7
Name of operation
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIDL ENCE) fill in also the following:
Accident, suicide, or homicide?
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Manner of injury
- Nature of injury
24. Was disease of injury in any way related to respondion of deceased?
If so, specify for 2. ///arlus
(Signed) Can dallston M.D.
(Address) — Prod
N Challenge Blind

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GENISE .	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA. ECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. H UNFADING INK-THIS IS A PERMANEN' MARGIN RESERVED FOR BINDING -WRITE PLAINLY,

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH #8852
1. PLACE OF DEATH	(131)
County Sallmins	Registration Dist. No.
Village or City Juneary	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME James Johnson	
(a) Residence: No. Lev do Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	Sept 18 198 33
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw how alive on Annual State 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
about 70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	0 + + + + + + + + + + + + + + + + + + +
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	I mustiful rumins uning
work was done, as SILK MILL,	course, oquiquestion
10. Date deceased last worked at this occupation (month and spant in this	No further information. Cry & &
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME	
14. BIRTHPLACE (city or town)	Namo of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
CO V. Dearel	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT (Address) Lex as mel	Specify missies injuly occurred in Houseki, in Home, of infrobeto reads.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Music Date Super 7, 1933	Nature of injury
19. UNDERTAKER P. Markelinton	24. Was disease or injury in any way related to occupation of deceased?
(Address) while Itall- mas	If so, specify
20. FILED Defat 19, 1933 William Johnson.	(Signed) M. D. (Address) Craberrall Meg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	L OCT 7 19	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cercbral hemorrhage		July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08853 /
state UPA-	1. PLACE OF DEATH	948)
DCC	County Gallineore	Registration Dist. No.
should f OCC	Village or City Calousville	No. 58 Glenewood Cer St. Ward
70		death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrs
YSICIANS	2. FULL NAME Thomas lokupoul	K
ate	(a) Residence: No. 58 Flendrood aut	St. Ward.
S &	(Usual place of abode)	If nonresident give city or town and State
PF	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TLY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (service the word)	21. DATE OF DEATH (Month) (Day) (Year)
X A C T classifie	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is sant
erly cat	7. AGE Years 6 Months Days If LESS than	to have occurred on the date stated above, at 10.50 cm.
stated E properly certificate	66 31 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be s of ce	8. Trade, profession, or particular, kind of work done, as Sprinkroz les Resident	Date of other
	E SANTER, DOUBLE EI, COS	Oran an The
nould may back	9. Industry or business in which work was done, as SILK MILL war () as O Ma, Co - SAW MILL, BANK, etc.	raining original original
s sh t it on	10. Data deceased last worked at this occupation (month and 1933 11. Total time (years) spent in this	
AGI tha ons	year) occupation	Other Coutributory Causes of Importance
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) (State or country)	10,00
lied ms, stru	(State of country)	1 2
	I	(1070
y sulain t	14. BIRTHPLACE (city or town). (State or country)	Name or operation
- a .	15. MAIDEN NAME ALLA MCC a nek Da.)	What test annirmed diagnosis? Was there an au'opsy?
Carefu TH in portant	15. MAIDEN NAME (CLOCK)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
VATE I	16. BIRTHPLACE (city or town)	Where did injury occur?
hould be OF DEA	17. INFORMANT MRS. agues Johnson (Address) 5 & Eleuter Calons	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL CREMATION, OR REMOVAL (C.	Manner of injury
AUSE ION is	Plate alberta (19. Date 19. 2 , 19.35	Nature of injury
CAUSI TION	19. UNDERTAKER Caston Sous (Address) Elle Bath City VIII	24. Was disease or injury in any way related to occupation of deceased?
T	20. FILED HOLL 19 Alched sea	(Signed) Lever distance M. D.
	TRegistrar.	(Address) La Long ville Til
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

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No.	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7.0
County Ballewore.	Registration Dist. No. 3 l
Village or City trouga Trulls	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Rebecco H. Kittel	
0 5 04	Ch Ward
(a) Residence: No. (Csual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (runtic the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced MUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yea Osa 19, 1858	Hast see 1933 alive on 1917 260 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 00 0 m.
75 5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset
9. Industry or business in which	25,400
work was done, as SILK MILL, as SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 42 spent in this occupation occupation occupation)	
Baltur.	Other Contributory Causes of mportance:
12. BIRTHPLACE (city or town) (State or country)	Corriar Maistricoge
13. NAME Fred, Horlebein	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CULTURE	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A Rules mulls	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 7 9/29 33	Manner of injury
Place Of Curl Curling Date / 19	Nature of injury
19. UNDERTAKER MYS Chao U. 9 Holde	24. Was disease or injury in any way related to occupation of deceased?
Sett. 26- 22 Da D. Bullet	(Signed) Son : & Marly M. D.
20. FILED Registrar.	(Address) Paudulatrum Tred
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retire fent. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
principal cause of death and related causes portance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
rioselerosis	1915	Attack of epilepsy	1 week ago
nic interstitial nephritis	1921	Run over by street car	1 week ago
ral hemorrhage	July 5,1927	Peritonitis	3 days ago
er contributory causes of importance:		Other contributory causes of importance:	
tones	May 1,1923	Gastroenteritis	1 year
er contributory causes of importance:		Other contributory causes of importance:	

PHYSICIANS should state CORD. Every item of infor-Exact statement I UNFADING INK-THIS IS A PERMANENT stated EXAC'N properly classified. MARGIN RESERVED FOR BINDING certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of TION is very important. -WRITE PLAINLY,

N. B.-

of OCCUPA-

	F MAR	YLAND-	CERTIFICATE OF DEATH 0885.
1. PLACE OF DEATH		-	93-d)
County Ballemore			Registration Dist. No. 40
Village or City Notela 5	00	(If	
Length of residence in city or town where of	death occurred	yrsmos	Registration Dist. No. No. No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Dister Ma	14 Papa	nutia Koe	enig Bauer
(a) Residence: No.			
	(Usual place		
PERSONAL AND STATIST			
3. SEX 4. COLOR OR RACE Peccale White		RRIED, WIDOWED, D (write the word)	^
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year)	ept 5-	1851	
7. AGE Years Months	Days	If LESS than 1 day,hrs.	
82 -	24	ormin.	were es follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	7	0	My ocar dial Desouper sation
SAWYER, BDDKKEEPER, etc.	Teach	167	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
U LD. Date deceased last worked at	11. Total	time (years) ent in this	
this occupation (month and year)	sps occ	entin this upation	
12. BIRTHPLACE (city or town)	ria yar.	manul	Other Contributory Causes of importance:
(State or country)	C1-GX 54 1	2114-4-7	- 1 ALLIUM
13. NAME Matthias 150	enia Raus	67	
T	vazia	×	Nove of according
14. BIRTHPLACE (city or town) 139 (State or country)		2777944	
ш 15. MAIDEN NAME Mayy An		,	
16. BIRTHPLACE (city or town)			
(State or country)	7-1-245e C		
S. 400.0P.			(Specify city or town, county and State)
17. INFORMANT Sz. Hary Class (Address)	Notch	PP: PP	opens, money and persons in modern to the reader
18. BURIAL, CREMATION, OR REMOVAL	~~~	1 1	Manner of injury
Place No-toh Cleff Mbg	1 Dete Vel	2,1933	
Fra LO	01. 6	,	
19. UNDERTAKER Paula (Address) 9/5 1 90	u Sh 4	Doly-Mal	
086 3710th	mil /	122001	(Signed) All All Cold M.D.
20. FILED 7.22 , 195. 4 10000	7-19,5-1/4/12	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RV	PHYSICIA	NI
TATALAT TATALATA	OT TIONS I ON	T. C. R. T. T. T. T. T.	DIVITINITIVID	DI	EHISICIA	

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in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF D

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(99)	
County_S	heppard-Pratt	Hospital	, Towson, E	Balto., Co., Md. Registration Dist. No.	
Village or Length of res	City Towson,	death occurred	(]f yrs,mos	NoSt., Md., death occurred in a horpital or institution, give its NAME instead of street and nusts. How long in U.S. if of foreign birth?yrsmos	Ward wmber)
2. FULL NA	ME John F. K	Crause			
	nce: No. 2526 E.			St., Ward. If nonresident give city or town and S	Slate
PERSON	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH September 20 (Day)	193/3(Year)
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced elen Stein Kra	ause		22. I HEREBY CERTIFY. That I attended d September 18 ,1933 , to Sept. 20	
6. DATE OF BIRTH	(month, day, and year) Ju	ıly 31, 1	896	last saw himalive on September 20,, 1933 ;	death is said
7. AGE Ye 37	ears Months	Days 20	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 12:40Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profe	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc.	ruck Dri	ver	Aneurysm of the aorta	unk.
Work w. SAW MI 10. Date decease this occupear) 12. BIRTHPLACE (c (State or cot)	,	l ene	time (years) ent in this upationunk	Other Coutributory Causes of Importance: Circulatory syphilis	unk
14. BIRTHPLAC (State o	heodore Gorczy E (city or town) Poor country)			Name of operation Date of What test confirmed diagnosis? Was there an au	
15. MAIDEN NA	AME Johanna -			23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLAC	E (city or town) Geru			Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA)
(Address)	TION, OR REMOVAL NEW	edra Sex	X /2 1033	Manner of injury	
19. UNDERTAKER	1136 Papage	ning!	t Son	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED SUP	Dell , 183 Llu	T. Tell	Ag Registrar.	(Signed) (Address) (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

. SA - ESTAL SE . HO TO ME DE L'AL BASS

Example II

MARGIN RESERVED FOR BINDING H UNFADING INK—THIS IS A PERMANENT.

should state

Exact statement

stated EXACTLY

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

(Address)

lf 6, 19.33

20. FILEO. Sal

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINE

N. B.

of OCCUPA.

ECORD. Every item of infor-

V. S. No. 1

STATE OF MARVIAND	CERTIFICATE OF DEATH 08858		
1. PLACE OF DEATH	CERTIFICATE OF DEATH		
0 11-	0		
County Salla	Registration Dist. No. 30		
Village or City Caloumille Med	No. 140 St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ads. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Feyngl, Ohelal and June a.	mangul Laurale-		
(a) Residence: No. 140 House a formula Co	St. Ward.		
(a) Residence: No. 140 (Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
Personal Coolal OR DIVORCED (write the word)	(Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBANO of			
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
0.00 17 18 2 7	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h the data stated shows at		
1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade profession or particular	were as follows: Oate of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Stath Bona		
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc			
O 10. Date deceased last worked at this occupation (month and spent in this			
year) occupation occupation	Other Coutributory Causes of importance:		
12. BIRTHPLACE (city or town) Coloumille	,		
(State or country)			
13. NAME Lune Laussles 14. BIRTHPLACE (city or town)			
	Name of operation Date of		
(State or country)	What test confirmed diagnosis? Was there an autopsy? Out		
15. MAIDEN NAME Margarel Lee	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19		
(State or country)	Where did injury occur?		
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place On Premery Date Seft 6 , 1933	Nature of injury		
19. UNDERTAKER Father) Junio Langolis	24. Was disease or Injury in any way related to occupation of deceased?		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FILED 9/2/ 1933

MARGIN RESERVED FOR BINDING

V. S. No. 1

	08859
STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	110
County Joseph Co	Registration Dist. No. 40
Village or City Longreen Wood	
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles S. Zear	nan
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and Slate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (qurite the word)	21. DATE OF DEATH Sold 19
male Thule single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A LHEREBY CERTIFY. That I attended deceased from
(or) WIFE of	1933 to SORI 12 1933
6. DATE OF RIRTH (month, day, and year) Nov. 17 -1894	Nast saw have alive on 1 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at \$ _Q., m.
20 1A 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	In Pin Ama Malimach 1932
9. Industry or business in which	A ballstanes
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Solto W	
(State or country)	
13. NAME Chales Leman 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? AND Was there an au'opsy?
15. MAIDEN NAME Warrie Neely 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
₹ (Stata or country)	Where did injury occur?
17. INFORMANT da tunler who	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, QR REMOVAL Jugar hat.	Manner of Injury
Place Trunty Cem 1 Date Sept 22, 1933	Nature of injury
Classes & Wathans	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER CAUTHER CONTROL (Address) From the way	If so, specify

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	0.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-PHYSICIANS should state OCCUPA-Jo CORD. Every Exact statement stated EXACTL A PERMANENT TION is very important. See instructions on back of certificate. S

CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDING FOR UNFADING INK-THIS supplied. AGE should be MARGIN RESERVED be carefu

mation should -WRITE PL

V. S. No. 1 ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(25)
County Usallymere	Registration Dist. No.
Village or City every salle	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME annie M Lloye	
(a) Residence: No. 2821 Hambeleway	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Semula 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Self (Mogth) (19323
5a If married, widowed, or divorced HUSBAND of (or) WIFE of William S floyd	22. I HEREBY CERTIFY. That I attended deceased from 12.,19.33, to Super 19.,19.33
6. DATE OF BIRTH (month, day, and year)	Hast saw han alive on Sylv 19 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	July culous of Boulls 1897
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 701
Notes that this occupation (month and year) Notes the second of the second of this occupation (month and year)	
12. BIRTHPLACE (city or town) Output	Other Contributory Causes of importance:
13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Redule Fis was Date of 1929. What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury ,19
17. INFORMANT UMS Glory of Cases (Address) 2821 Hambden Cus	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Ruff Date Sept 1,1933	Manner of injury
19. UNDERTAKER W C Brocks + Son (Addiess) S parks ma	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Sept 24, 1933 William J Chi Cotal Registrar.	(Signed) BR Burn M. D. (Address) Consequentle MA
If more black and all the Co. B.	N. C. I. C. P. I.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	1.00
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No. 1	ľ
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(SUVC)	
County Baltimore	Registration Dist. No. 32	
Village or City Mt. Wilson	NoTuberculosis Sanatorium st., Ward	d
Length of residence in city or town where spath occurred 0_yrs, 3_mos.	death occurred in a horpital or institution, give its NAME instead of street and number) 25 ds. How long in U.S. if of foreign birth?	e
2. FULL NAME Josephine Moli	0	
(a) Residence, No. 1605 Rutland Avenue	St., Ward. Baltimore, Md.	
(Usual place of abode)	If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH September 28th, 193 3. (Month) (Dev) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single	22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) March 19th, 1919	June 3rd, 1933, to Sept. 28th, 1933; death is sain	-
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 6 20 Am	d
14 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trade profession and skills	were as follows:	t
S. Trade, Profession, or particular kind of work done, as SPINNER, Schoolgirl SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Pulmonary tuberculosis March	
10. Dato deceased last worked at this occupation (month and year) occupation		-
12. BIRTHPLACE (city or town) Chicago, (State or country) Ill.	Other Contributory Causes of importance: Intestinal tuberculosis March	-
13. NAME Joseph Nacherio	Intestinal tuberculosis March	-
13. NAME Joseph Nacherio 14. BIRTHPLACE (city or town) Unknown (State or country) Italy	Name of operation No operation Date of What test confirmed diagnosis? X-ray, and Was there an autopsy? NO	-
15. MAIOEN NAME Theresa Gentile	TUDE CLE DACITI WE'E TOUND IN SPUT 23. Il death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Unknown (State or couplry) Italy	Accident, suicide, or homicide? Date of injury, 19	-
17. INFORMANT Louis & Schuerholy (Address) Wit. Wilson, and.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Floty Julienth Date Lept 30, 1933	Manner of Injury	-
d and the	Nature of injury	-
19. UNDERTAKER (3) (Address) 1) 3.5 Harfy (Address)	24. Was disease or injury in any way related to occupation of deceased?	-
20. FILED Sept 30, 1933 4 10 8 Physical Registrar.	(Signed) It, Wilson, M.D.).
If more blanks are needed, address State Registrar, a	2411 N. Charles-Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	4.
May 1,1923	Gastroenteritis	1 year
FOIL FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	LAND—CERTIFICATE OF	F DEATH (1881	60
1. PLACE OF DEATH	(131)	11	/
County Ballimore		Registration Dist. No.	
Village of the Dundalk.	No. 25 6 . Awwww.		War
Length of residence in city or town where death occurred		reign birth?yrsmos	
2. FULL NAME Samuel 18	Miller		
(a) Residence: No. 2.5 (o. Pur Ervis	we love St. Ward.		
(Usual place of		If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTIC		TIFICATE OF DEATH	
sex 4. color or race 5. single, Marri or Divorced	write the word)	Month) (Day) , 193	3.3. (Year)
. If married, widowed or divorced HUSBANO of	22. I HEREBY C	CERTIFY, That I attended decea	and for
(or) MIEE at Cassio Bearry miller	anoust 29 13	33 to Sept. 80	1933
DATE OF BIRTH (month, day, and year) May. 3.//8	75 I last saw h im alive on Sep	pl. 8 2 1933 : des	ath Is sa
AGE Years Months Days	If LESS than to heve occurred on the date stated ebo	ove, et / 0 30 Lm.	
50. 4 5.	1 day,hrs. The PRINCIPAL CAUSE OF DEATH an were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Cordio-Vose	ular-Renal Out	te of onsi
SAWYER, BOOKKEEPER, etc.	10 dis. E Hypert	ension	,
work was done, as SILK MILL, SAW MILL, BANK, etc. Services of the services of	05.	•	
10. Date deceased last worked at 11. Total tim	n this		
BIRTHPLACE (city or town)	Other Contributory Causes of Important	ce:	
(State or country)	Wenia	8	1291
13. NAME Lukuwu			
14. BIRTHPLACE (city or town)	Name of operation	Date of	
(State or country) Surkingwww.	What test confirmed diagnosis?	2. S. Lat. E. Was there en autops	sy? Zer
15. MAIOEN NAME Luckwoww.	23. If death was due to external causes ((VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	Oate of injury,	, 19
(State or country) Lukuant	Where did injury occur?	(Specify city or town, county and State)	
INFORMANT /// Q. la !//filler (Address)	Specify whether injury occurred in INC	OUSTRY, in HOME, or in PUBLIC PLACE.	
BURIAL, CREMATION, OR REMOVAL Thursday	Manner of injury		
Place I Mungh Centley Dato Lest.	-1-1-, 19.3.3. Nature of injury		
UNDERTAKER Walter Daywing (Address) 3418 Chestunt (W)	24. Wes disease or injury In eny way re	plated to occupation of deceased?	9
FILED 9/9/839 /mlaren	(Signed) Uru	reculent	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis & & D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	Y week ago
July 5,1927	Peritonitis +	3 days ago
	. / 5	20 50
	Other contributory causes of importance:	100 mg/
May 1,1923	Gastroenteritis	5 1 year
	100	100
		31
OR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5,1927 May 1,1923	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1, 1923 Gastroenteritis

STATE OF MARYLAND-CERTIFICATE OF DEATH of infor-1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 29 ds. How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where deeth occurred_ ement 2. FULL NAME If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. Months Days If LESS than to have occurred on the date stated above, et a 7. AGE properl The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows Data of onset Trade, profession, or particuler OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ... back industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation __ 6. instructions Other Contributory Causes of Importance: 08 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation____ See 14. BIRTHPLACE (city or town). plain (Stete or country) What test confirmed diagnosis?_. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) filt in also the following: II mportani Accident, suicide, or homicide?______ Date of injury_______ 19 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should CAUSE OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury _ Date__ 24. Wes disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify B (Signed). 20. FILED. (Address)

ate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

7. S. No. 1

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

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OCCUPATION

12.

MOTHER FATHER

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20. FILED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
PLACE OF DEATH	2.3
County Baltimore	Registration Dist. No. 2
Village or City EUDOWOOD SANATORIUM TOWS	ON, NoMD. St., Ward
Length of residence in city or town where death occurred yrs	ON NOMD St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
- Pot h M.	11 - 11 -
FULL NAME award runk / m	9. (11/C)
(a) Residence: No. William (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hule 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 2/ (Month) (Day) (Year)
f married, widowed, or divorced HUSBAND of Mrs Edward Patrick Murray	22. I HEREBY CERTIFY, That I attended deceased from Desember 11 +032 to September 21 1933
ATE OF BIRTH (month, day, and yaar) august 29, 1879	1 tast saw h. dra alive on September 21, 19.33; death is said
GE Years Months Days If LESS than	to have occurred on the date stated above, at 6:15 A m.
6/ 0 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Borle-Maker SAWYER, BOOKKEEPER, atc.	Date of onset March 1932
19. Industry or business in which work wes done, as SILK MILL Building Contactors SAW MILL, BANK, atc.	3.5.
10. Date deceased last worked a this occupation (month index . 1930 11 Total time (years) spent in this year) 4 0	
BIRTHPLACE (city or town) New York City (State or country)	Other Contributory Causes of importanca:
13. NAME William Mungy.	
14. BIRTHPLACE (city or town) Alland.	Name of operation. Date of
(State or country)	What test confirmed diagnosis? The Was there an au opsy? 100
15. MAIDEN NAME ROZEVII E REGINA	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicida?
spital RecordsPersonal History NFORMANDOWOOD SANATORNUM, TOWSON, MD,	Where did injury occur?
Place September 21 Date Sept 21, 1933	Manner of injury
UNDERTAKER DE SONT MACHINE	24. Was disease or injury in any way related to occupation of deceased?
FILED Sept 2 , 1933 Of M. P. Queller	(Signed) M.D. (Addrass) Eudowood San., Towson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
A BUR				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

	SIA	IE OF	MARY	LAND-	CERTIFICATE OF DEATH	866
1	. PLACE OF DEATH				46)	1)
	County Baltimo	ore				<i>v</i>
1	Village or CityCat	tonsvill	<u>e</u>	41/	No. 5303 Old Frederick Road St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence in city or to	town where death	occurredL		death occurred in a hospital of institution, give its tvalvia; instead of sireet and in-	
2	. FULL NAME	Su	sanna M	usgrove		
	(a) Residence: No5	303 Old	Frederi (Usual place of	ck Road	St., Ward. If nonresident give city or town and S	State
	PERSONAL AND S	TATISTICA	L PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR Whi		SINGLE, MARR OR DIVORCED Wid.o	lED, WIDOWED, (write the word) Wed	21. DATE OF DEATH September 15 (Month) (Day)	193 3 (Year)
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of Wa.	lter F.	Musgrov	е	22. Spil EREBY CERTIFY, That I attended of	leceased from
6. 1	DATE OF BIRTH (month, day, and	year) Dece	mber 8,	1871	1 lest saw h er alive on 9-13-0,1933	death is said
		Months	Days	If LESS than	to have occurred on the date stated above, at 7.20. Am.	
	61	9	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oata of onset
TION	8. Trade, profession, or particula kind of work done, as SP SAWYER, BDOKKEEPER, e	ar PINNER, etc	None		Careinoma of	
CUPAT	9. Industry or business in which work was done, as SILK N SAW MILL, BANK, etc	MILL,			The Stowark.	(?)
Ö	1D. Dato deceased last worked a this occupation (month and year)	d	11. Total tim spent occup	ne (years) in this pation		
12.	BIRTHPLACE (city or town) (State or country)	Baltimo Mary	land	***	Other Contributory Causes of importance:	1925
ER	13. NAME Georg	ge T. Ch	ilds		Stoneth.	
FATH	14. BIRTHPLACE (city or town) (State or country)		ore ryland		Name of operation Date of	utanew?
20	15. MAIOEN NAME Harr	iet Ann	DeGaw		23. If death was due to external causes (VIDLENCE) fill in also the following:	
MOTH	16. BIRTHPLACE (city or town) (State or country)		ore ryland		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT Miss Etta (Address) 5305 01d	M. Musg Frederi	rove ck Road		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, DR REMDV	Cem	Sept	. 18 ,19 33	Manner of injury	
19.	UNDERTAKER 1005 W.	OJ/ () Baltimo	ore St.	12	24. Was disease or injury in any way related to occupation of deceased?	25:
20.	FILEO. , 19	Alle	Ins	Registrar.	(Signed) 2 July July July (Address) 4200 Frederick Ave.	M. D.
mpin a	7)	1 41	11 64.00	dia -		

APPTICIOATE AF BEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	ji	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsic	1 week ago
Chronie interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 7	3 days ago
		1000	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		000	

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	28
OCC	/ county_Baltimore	Registration Dist. No. 9 1
should of OCC		death occurred in a hospital or institution, give its NAME instead of street and number)
NS ut	Length of residence in city or town where death occurredyrs,mos.	22 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
CIA	2. FULL NAME Jellian Gertrude /	nylia Doff'
PHYSICIANS ict statement	(a) Residence: No. 6304 BLOK COL. (Usual place of abode)	St., Ward. State Office of the state of the
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
) M	Ferrol 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
X A C T l	5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
A ((or) WIFE of Unburn,	June 6 019 33, to September 29, 1933
9 17	6. DATE OF BIRTH (month, day, and year) February 16, 1860	Hast saw h. et alive on September 29, 1933; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. Am.
stated proper certific	53 7 12 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be st be pr of cer	8. Trade profession, or particular	Pulmary Tubliculoses mare
should it may n back	9. Industry or business in which	
E sh t it on	SAW MILL, BANK, etc 10. Date deceased last worked at this occupation from the same occupation for the same occupation occupation.	
	12. BIRTHPLACE (city or town) Baltimon	Other Contributory Causes of importance:
d. so	(State or country)	
supplied n terms, ee instru	13. NAME Samuel Holland	
upp ter	13. NAME Samuel Holland 14. BIRTHPLACE (city or town) Balling (State or country)	Name of operation. Date of
y sul ain t See	(State or country)	What test confirmed diagnosis? X - Rey Was there an au opsy? M.
be carefully supplied EATH in plain terms, important. See instru	IS. MAIDEN NAME annie Cruse	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
be carefu EATH in important	15. MAIDEN NAME (SMALL) (15. BIRTHPLACE (city or town) Pennsylvama. (State or country)	Accidant, suicide, or homicida? Date of injury, 19
e c ATI		Where did injury occur?(Specify city or lown, county and State)
100	Hospital RecordsPersonal History 17. INFORMATION WOOD SANATORIUM, TOWSON, MD.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
SE	Place Chairle Jame Date (d., 1932	Nature of injury
mation CAUSE TION is	19. UNDERTAKER Chinagottal on (Address) 3 a 15 Chiedrand Leve	24. Was diseasa or injury in any way related to occupation of deceased?
(3)	20. FILED Sept 29, 1933 And P. Bully	(Signed) A Quillet M. D. (Ardress) Fudowood San, Towson, Md.
U		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I	I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PROPERTY.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

H UNFADING INK-THIS IS A PERMANENT

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E

TION is very important. See instructions on back of certificate.

ECORD. Every item of infor-PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

N. B.—WRITE PLAINLY, V

I	STATE OF MARYLAND—CERTIFICATE C	F DEAT	Н
	1. PLACE OF DEATH County Saltemore	Registration Dis	st. No

1. PLACE	OF DEATH				
County	Dallen	rora.		Registration Dist. No.	
Village or Length of re	City Lut Cus esidence in city or town where	death occurred	(I yrs,Amos	NoSt., f death occurred in a horpital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsr	Ward
2. FULL NA		line M	acheri	0	
(a) Reside	Ho.	(Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Sept. 28	, 193 3 (Year)
5e. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY, Thet I attended	deceased from
6. DATE OF BIRTH	I (month, day, end year)				
	ears Months	Deys	If LESS than 1 day,hrs. ormin.	to heve occurred on the dete steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9. Industry or work w SAW M	lession, or perticular work done, es SPINNER, R. BOOKKEEPER, etc. business in which es dona, as SILK MILL, ILL, BANK, etc.	See 11. Total ti	orealine (years)	al Certificate file under "mete" s	Date of one et
yeer) 12. BIRTHPLACE (c) (State or con			nt in this petion	Other Contributory Causes of importance:	1933
13. NAME	E (gity or town)			Neme of operation Date of	
(Stet	or country)			What test confirmed diagnosis? Was there an	
	AM Theresa EE (city or town) or country)	Gente	t_	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or towo, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	g: , 19
	TION, OR REMOVAL	Dete	, 19	Menner of injury	
19. UNDERTAKER(Address)				24. Wes disease or injury in any wey releted to occupetion of deceased?	
20. FILED	, 19		Registrar.	(Signed) (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH of infor-1. PLACE OF DEATH should Registration Dist. No ORD. Every item (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? 2-Q yrs. Length of residence in city or town where death occurred tatement If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of nkno 6. DATE OF BIRTH (month, day, and year) certificate. to have occurred on the date stated above, at Days If LESS than Months 7. AGE 9 I day,hrs, The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER be 30 SAWYER, BOOKKEEPER, etc ... back may Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) Date deceased last worked at no this occupation (month and spent in this that instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER See Name of operation 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? _____ Was there an au'opsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) till in also the following mbortant in Accident, suicide, or homicide? 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF Manner of injury 回 mation Nature of injury. 0 LION CAU 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED ... (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over bu street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Į
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ECORD. Every item of infor-PHYSICIANS stated EXACTLY. I UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING AGE should be -WRITE PLAINLY, WANT UNFADI

should state of OCCUPA-

Exact statement

properly classified.

be

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may V. S. No. 1 Ä

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 1	1	C		6	ь
1	3	0	0	() i	7

1. PLACE OF DEATH County Baltimore						Registration Dist. No. 44		
	Village or Ci	ty St	emmers	Run	(26	No. St. St. Geath occurred in a hospital or institution, give its NAME instead of street		
	Length of resid	lence in cit	y or town where d		yrsmos	ds. How long in U.S. if of foreign birth?yrs.		
2	. FULL NAM		Golden	Poetzs	ve			
	(a) Resident	ce: No	Gorder	(Usual place		St., Ward. If nonresident give city or town	and State	
	PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	H	
	male		or RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (courite the word)	21. DATE OF DEATH Sept 26th 1933 (Month) (Day)	, 193 (Year)	
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divo	inna Po	etzsch		22. I HEREBY CERTIFY, That I atte		
6. 1	DATE OF BIRTH (month, day	, and year) Mai	ch 22 r	id 1861	I last saw h alive on	; death is sald	
7. /	AGE Year	rs 72	Months 6	Days 4	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
OCCUPATION	9. Industry or 1 work was SAW MIL 10. Date decease this occup	business in done, as S L, BANK, e	which ILK MILL, Te itc	spa				
12.	BIRTHPLACE (cit		Gern	nany		Other Contributory Causes of importance:		
ER	13. NAME	Ka	arl Poet	tzsch				
FATH	14. BIRTHPLACE (State or		wn) Gerr	nany		Name of operation Date What test confirmed diagnosis? Was ther		
ER	15. MAIDEN NA	15. MAIDEN NAME DONY KNOW				23. If death was due to external causes (VIOLENCE) fill in also the following		
15. MAIDEN NAME DONY KNOW 16. BIRTHPLACE (city or town) Germany (State or country)						Accident, suicide, or homicide?		
17.	17. INFORMANT Mr Max H Poetzsch (Address) 416 Rock Glen Road					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place St Matthews Cember Sept 29th 33					29th 33	Manner of injury		
19.	. UNDERTAKER (Address)	Jo hr 2008	orlean:			24. Was disease or injury in any way related to occupation of decease. If so, specify Tan Family		
20,	FILED Lyet	۲,	19.33 Jay	la K. G	Registra.	(Signed) Golden Hong	200	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.O.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state ECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS mation should be earefully supplied. AGE should be stated EXACTL H UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

King at year

MARGIN RESERVED FOR BINDING -WRITE PL.

1. PLACE OF DEATH	(159)
County Ballo	Registration Dist. No. 30
Village or City oello.	No. cella a St., Word
(If	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?
Length of residence in city or town where daath occurredyrs,yrs,mos	us. How folig in 0.5.11 of foleign bitting
2. FULL NAME Welle O Pall ach.	
(a) Residence: No. Ollow (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Colol OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	. 19, to
6. DATE OF BIRTH (month, day, and year) Fels 9-1933	I last saw h alive on, 19; death is said
7. AGE · Years Months Days If LESS than	to have occurred on the date stated above, at
29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of office
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	twee Prematice 5 mas
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	In Hosfilal from It's to
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and	man 1932/
this occupation (month and spant in this occupation	
Promes Dail Han C. D-D	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Pagas alu.
E 13. NAME John Wester Pollock	Sei of Child 2= Muss old
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Ochouse	What test confirmed diagnosis?
15. MAIDEN NAME Than Willean	23. If death was due to external causas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Than bulleau 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) falurique	Where did injury occur?
17. INFORMANT J W Pole och	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Managed Salara
Placa he hellow Date Del- 9, 1933	Manner of injury
0 1-0	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
CAR CONTRACTOR OF CONTRACTOR	(Signed) Juanhall B with A. M. D.
20. FILED Self S., 1933	(Address) Catourulle mof
If more blanks are needed address State Registrar	24 T. N. Charles Street Baltimore Requesting 71 S. No. 7

STATE OF MARYI AND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of evilensu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

3. SEX 7. AGE 600 CUPATIO MOTHER SE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 32 (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? _____yrs. ___ mos. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Inale muned (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than to have occurred on the date stated above, at 1.30 P. m Months Days f day, hrs. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at this occupation (month and 1f. Total tima (yaars) spant in this occupation Other Contributory Causes of importance: 12. BfRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also tha following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? ______ Date of injury _____ 19 (Stata or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	ere death occurred a Alberta Vin Ave. (Usual place	6 yrs. 41. mos.	Registration Dist. No. No. St., f death occurred in a hospital or institution, give its NAME instead of street and num s. 9. ds. How long in U.S. if of foreign birth? yrs mos.	
FULL NAME Hilds (a) Residence: No. 5 Mel PERSONAL AND STATIS X 4. COLOR OR RACE	ere death occurred and Alberta. Vin Ave. (Usual place	6 yrs. 41. mos.		
FULL NAME Hilds (a) Residence: No. 5 Mel PERSONAL AND STATIS X 4. COLOR OR RACE	Alberta Vin Ave.		/ January in State of	
(a) Residence: No. 5 Mel PERSONAL AND STATIS X 4. COLOR OR RACE	Vin Ave. (Usual place	100015		
PERSONAL AND STATIS	(Usual place		St., Ward.	
X 4. COLOR OR RACE	CTICAL DATE	of abode)	If nonresident give city or town and Sta	ile
			MEDICAL CERTIFICATE OF DEATH	
Juliano Milituo	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) 290, 1	93 (Yea
married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended dec	eased
	0-4	3000	E. 1 t - 0 2 - 22	, 19
		If LESS than		eath is
26 11	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular			Were as rollows.	ateolo
	Stenogra	pher	Culmon and Juberrolon	19.
work was done, as SILK MILL,				
D. Date deceased last worked at		time (years)		
year)	9 0cc	upation	Dther Coutributory Causes of importance:	
IRTHPLACE (city of town)	0.		and the second second	
(State of Country)	Arg		estiminal undustral	
	02.0			
7.7		~ ~ ~ ~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14.	nev?
5. MAIDEN NAME Ida L. I	eifert		23. If death was due to external causes (VIDLENCE) fill in also the following:	p37
		***************************************	Where did injury occur?	_, 19_
17. INFORMANT Romer 3. Powers (Address) 5 helvin Ave. Catonsville			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
URIAL, CREMATION, OR REMOVAL	() 1	2.02	Manner of injury	
Place Loudon Park	Date UCT	٠٠, ١,١٩٥٥	Nature of injury	
NDERTAKER Favry A	with	e.	24. Was disease or injury in any way related to occupation of deceased?	20
11 E 11 11 11 11 11 11 11 11 11 11 11 11	Years Months Years Months 11 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Date deceased last worked at this occupation (month and year) RTHPLACE (city or town) (State or country) BIRTHPLACE (city or town) (State or country) BIRTHPLACE (city or town) (State or country) MAIDEN NAME Ida L. I BIRTHPLACE (city or town) (State or country) MAIDEN NAME Ida L. I BIRTHPLACE (city or town) (State or country) MAIDEN NAME Ida L. I CHARLES DE LOUINER FORMANT ROPE D. PORTALL FORMANT ROPE D.	TE OF BIRTH (month, day, and year) Oct. 20. Years Months Days 11 9 Trade, profession, or particular kind of work done, as SPINNER, Stenogral SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and year) RTHPLACE (city or town) (State or country) BRITHPLACE (city or town) (State or country) MAIDEN NAME TOOL POWERS BIRTHPLACE (city or town) (State or country) MAIDEN NAME TOOL POWERS BIRTHPLACE (city or town) (State or country) MAIDEN NAME TOOL POWERS MAIDEN NAME TOOL POWE	TE OF BIRTH (month, day, and year) Oct. 20, 1906 Years Months Days If LESS than 1 day,	TE OF BIRTH (month, day, and year) Oct. 20, 1906 Years Months Days If LESS than 1 dayhrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: AMYER, BODKKEPER, etc. John deceased last worked at this occupation (month and year) Destrict or country) Maid Den Name I da L. Leifert S. BIRTHPLACE (city or town) S. BIRTHP

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ADDITIONAL S	PACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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--Every Item of Information should be carefully supplied. ACE chould the Stated EXACTLY, PHYSI-CIAINS should state CAUSE CF DEATH in plain terms so that it may be properly slassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDIN PERM A FOR WITH UNFADING INK-THIS IS RESERVED MARGIN WRITE No

R. B.

20 20

ł	1PLACE OF DEATH	08873
	PLACE OF DEATH	STATE OF MARYLAND
1	County /3 all more	940 CERTIFICATE OF DEATH
4		Registration Dist. No.
	Village or City Dundalle (No. 6915 Tyole 2FULL NAME GREGORY Proc	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. MARNIE.	16 DATE OF DEATH Sept. 18, 1933
	Male Wite the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h Malive on SINT 16 , 1933,
	7 AGE [If LESS than	and that death occurred on the date stated above, at 9-30 A.m.
	5-0 1 ldayhrs.	The CAUSE OF DEATH * was as follows:
	30 yrs. 7 mos. 6 ds. or min.?	
1 1	(a) Trade, profession or ftel fuller particular kind of work	Coronary Thrombrus
1	(b) General nature of industry business, or establishment in Attill	antantaneous
	which employed or (employer) Leftlement Steel Co.	(Duration) Trees mos de.
	9 BIRTHPLACE (State or country)	Contributory Secondary archite 14 days
	10 NAME OF STATES OF PARTIES OF STATES	(Signed). OWRELL M. D.
	11 BIRTHRI ACE	Sulst 18 1983 (Address) Dans dalle Tres
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER TIME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
	(State or Country)	Where was disease contracted
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
	(Informant) Mary Procopio	usual residence
	(Addres & 915 Holdridger Dunda	19 PLACE BY BOURD OR REMOVAL DATE OF BURIAL OF 2/19 3
	15 Filed 9/19/3193 Amlearence	To under V. Pilo tone 2818
	If more banks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.
1		

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, ctc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery: man, (b) Automobile factory. The materia Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrose inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia,")

American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease "(E.haustion," "Heart lauure, Old Age," "Shock," st_ted unless important. Example: Measles (disease approver by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Drepsy," ("E.haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar, Whooping cough; (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is especial and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	84)
County Baltimore	Registration Dist. No.
Village or City Towson, Maryland	No. She ppard & Enoch Pratt Hospital Ward
	12. ds. How long in U.S. If of foreign birth?
2. FULL NAME Dorothy Chase White Ro	o ke
(a) Residence: No. 222 W. 23 rd Street (Usual place of abode)	St., Ward. Now York N. Y. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE OR DIVORCED (write the word) White Married.	21. DATE OF DEATH September 9, 193 3 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Walter Lee Rooke.	22. I HEREBY CERTIFY. Thet I attended deceased from August 28, 1933, to September 9, 1933
6. DATE OF BIRTH (month, day, and year) November 19, 1895	I last saw h. alive on September 9, 1933; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date steted above, at 10:05 km. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. / SOUSSE wife	Psychoneurosis - Hysteria Mond 1913
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked et this occupation (month and	Ma/mutrition 1931
10. Date deceesed lest worked et this occupation (month and year)	Acute cardiac decompensation 9/9/33 Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Baltimon, Maryland, (State or country)	Other Continuous Causes of Importance.
13. NAME Robert William White	
13. NAME Pobert William White 14. BIRTHPLACE (city or town) (Stete or country) Many land.	Neme of operation Ro Oete of What test confirmed diagnosis? Claured Westhere an eulopsy? ko
15. MAIDEN NAME Alice Slater	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Mary Land.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT HOSPITAL HE CORDS	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF DEDIOVAL PIECE WOOD CAUSE Cay Dete Sept 12, 1933	Manner of injury
19, UNDERTAKER WM NICKULY FORS (Address) NOTER & Pa Cives	24. Wes diseese or injury in eny wey releted to occupation of deceased?
20. FILED Sept 11 1933 It - P. Dutter	(Signed) Attended M. D. M. D. (Addresthur E. Pattrell, M. D.
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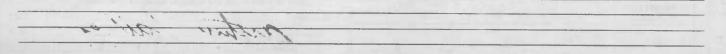
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Cerebral hemorrhage	July 5,1927	Peritonitis	-3 days of
		1.5	Ed & OD
Other contributory causes of importance:		Other contributory causes of importance:	Ju
Gallstones	May 1,1923	Gastroenteritis	Ly wall



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Mrst & P.

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PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

supplied.

mation should be carefully,

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

SARD. Every item of infor-

ż

STATE OF MADVI AND CEPTIFICATE OF DEATH

- 7	1		8	1	4	0
_	3	1	×	1	а	3
- 1	3	1.3	100	10	3	7

1. PLACE OF DEATH	MARTEARD		2010
County Baltimore		Registration Dist. No.	38
Village or City Towson, Mar	yland	NoSheppard & Enoch Pratt Hospital	Word
Length of residence in city or town where death	(If	death occurred in a hospital or institution, give its NAME instead of street and 1 days. How long in U.S. II of foreign birth? 36 yys.	number) mosds.
2. FULL NAME SCHAFFER, MI	r. Schepschel		
(a) Residence: No. 6103 Gist		Marylan Ward. If nonresident give city or town as	nd Siale
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. Male White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH September 28	., 1933_
5a. If married, widowed, or divorced HUSBAND ot	#### 10 G	(Month) (Day)	(1601)
(or) WIFE of		22. I HEREBY CERTIFY, That J attende	
Anne Sussmen	1862	April 27, 19 33, to Sept. 28, 19	
6. DATE OF BIRTH (month, day, and year)	360 unknown	Hast saw h_im_alive on_September 28, 19.33	3.; death is sald
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, alo:25 amm.	1 "
78/ 71	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Re	ired Rabbi	Ceronary thrombosis.	1 day
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date decessed last worked at this occupation (month and year)	11. Total time (years) spent in this occupation in known		
12. BIRTHPLACE (city or town) Rus	ia	Other Contributory Causes of importance: Senile psychosis and	77
(State or country)		hypertensive arteriosclerosis.	unknow
13. NAME Hyman Schaf	fer		durat-
14. BIRTHPLACE (city or town) Russ	ia	Name of operation Date of	ion.
(State of country)		What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Yaube Scha	ffer	23. If death was due to external causes (VIOLENCE) fill in elso the following	ng:
6 16. BIRTHPLACE (city or town) Rus s	ia	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)		Where did injury occur? (Specify city or town, county and St	0
17. INFORMANT HOSPITAL RECOR	RDS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
18. BURIAL, CREMATION, OR REMOVAL Place Ballo, Hebrico	Date Sept 28 19 33	Manner of injury	
19. UNDERTAKER David San	rdkein & Sen	24. Wes disease or Injury in any way related to occupation of deceased?	
20. FILED Seht 28, 1933	u P. Quller	(Signed) Arthur E. Pattrell, M. D.	M. D
	Act Registrar.	(Address) powson maryland	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis : S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN Letter filed Oct. 2, 1933, dictated by Dr. Pattrell, signed by Dr. R. Chapman,

Supt. of Sheppard Pratt Hospital, filed under Dr. Chapman, authorizing change of age of deceased from 73 to 71. - L.



B.—WRITE PLAINLY, V. II UNFADING INK—THIS IS A PERMANENT CORD. Every item of information should be carginary supplied. AGE should be stated EXACTLY: PHYSICIANS should state CATICE OF DESTRUCT, along to that it may be proposely classified. Exact statement of OCCIPA. N. B.—WRITE PLAINLY, W

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0887
1. PLACE OF DEATH	205-9
County 13 Callymine	Registration Dist. No.
Village or City Parray Point 31d (16	No. 922 - St., W f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs mos
2. FULL NAME Colbert C. John	wer or
(a) Residence: No. 422 /-	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Marie Marrie	21. DATE OF DEATH (Month) (Day) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cennue In Jehnwer	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year) Oct 16 1882	tizet com h death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:30 A.m.
50 10 23 1 day,hrs.	THE FRINCH AL CAUSE OF BEATH and Telated courses of simportance
8 Trade profession or particular	accidentally cruched Date of
kind of work done, as SPINNER wort / ested	Check by a steel plate
and and an analysis of the ana	falling on him
SAW MILL, BANK, etc.	- //
10. Date deceased last worked at this occupation (month and year)	
(3 A)	Other Contributory Canasa of importance:
12. BIRTHPLACE (city or town) Canas	
(State or country)	
13. NAME Ermest deliver	
14. BIRTHPLACE (city or town). Pa	Name of eperation Date of
(State or country)	What test confirmed diagnosis? was there an au'opsy?_
15. MAIDEN NAME hot known	23. II death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury // 0, 199
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTINS Comme M. Schrever (Address) 422 F st Sparren Point ha	Specify whether injury occurred in INDUSTRY, in HOME or incluBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oak Cawn Date Sept 11, 1933	Manner of injury darge steel plate fill in the Nature of injury Crushy chest
Tolon F Dennie	
19. UNDERTAKER JULION JULION (Address) 7/5 Light 87	14-50, specificacting Oronor
letter 22 l'arielannia (h.)	(Signey Monny R Brownson)
20. FILEO CONTROL 195. Registrar.	(Address) Source Sout mod
18. BURIAL, CREMATION, OR REMOVAL Place Oan Cawn Date Sept 11, 1933 19. UNDERTAKER To Live F De 27.72 y (Address) 7/3 Lint St 20. FILESUPT 10, 1933 Lint St Registrar.	Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLASE. Manner of injury and stulple fully have a stulple fully fu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sclls goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state statement of OCCUPA. ECORD. Every Exact stated EXACTLY. IS A PERMANEN properly classified. FOR BINDING TION is very important. See instructions on back of certificate. H UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1 ä

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Balla	Registration Dist. No. 30
Village or City Catourelle	No. 122 believe a St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Quelia m Solull-	
(a) Residence: No. Phille Peru	St., Ward. Phil Benni
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SBX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Surale Walls OR DIVORCED (write the word)	Seff 29 , 193 3 (Month) (Day) (Year)
5a If married, widowed, or divorced HU3BAND of (or) WIFE of Cohulf—	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year)	I last saw h all alive on Self 28, 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
46 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onaet
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc	Olssonia Gartero nephrales 2 mind
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	de rope 2 week
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2.5 Tag.	
1 At A	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Ostorea Solera:
II 13. NAME Louis Hannebal	
13. NAME Law Hawelal 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Church frugle Was there an autopsy?
15. MAIOEN NAME Que le de Scheres 16. BIRTHPLACE (city or town) Balle (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAN A CAST AND THE WAY	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place l'All Date Date 1933	Nature of injury
19. UNDERTAKER F B welfer	24. Was disease or injury in any way related to occupation of decaased?
20. FILED. Seft 29, 19 33 Marshall B West	(Signed) Washall B Wost M. D. (Address) Catausulle Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

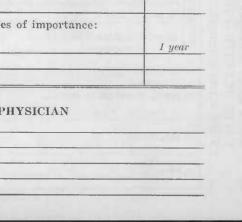
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



nfor- state JPA-	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08879
	1. PLACE OF DEATH	ш)
or of occ	County Baltimore	Registration Dist. No.
item of should of OCC	Village or City St. Helena	No. 116 Vantnor Terrace St., Ward
= 9		(If death occurred in a hospital or institution, give its NAME instead of street and number)
	70.0.	osds. How long in U.S. if of foreign birth?yrsmosds.
Ev.	2. FULL NAME / Latherine Scott	
ED.	(a) Residence: No. 1/6 Ventnon Terrace (Usual place of abode)	St., Ward. If nonresident give city or town and State
= 7	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEXO 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Temale White OR DIVORCED (write the word)	8 est. 30 ,193 3 (Month) (Day) (Year)
X A C T L classified.	5a. If married, widowed, or divorced	
LAN A C assifi	(or) WIFE of John W. Scott	22. I HEREBY CERTIFY. That I attended deceased from
lanta .	6. DATE OF RIRTH (month day and year) July 13-1860	C
PEI E	6. DATE OF BIRTH (month, day, and year) July 13-1080 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Pm.
IS A I stated properl ertifica	7 2 1 day,hr	
IS A PE stated E properly certificate	8 Trada profession or narticular	were as follows:
IIS be be of	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Af home	Garemena d- 3/1/2
ould may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	SAW MILL, BANK, etc.	exemies
NFADING I pplied. AGE erms, so that instructions of	year)occupation	Other Contributory Causes of Importance:
DIT. Se se	12. BIRTHPLACE (city or town) Baltimore Co. (State or country)	
UNFA supplied n terms, ee instru	~ 41	
0.7 70	44. BIRTHPLACE (city or town) 2 (State or country)	Name of operation Date of
7 5		What test confirmed diagnosis? Was there an autopsy?
a E E	E 20 / A	23. If death was due to external causes (VIOLENCE) fill In also the following:
A H L	16. BIRTHPLACE (city or town) North Control (State or country)	Accident, suicide, or homicide?
INI be EA	11 2 2 4	(Specify city or town, county and State)
PLA hould JF D	(Address) / 1/6 Ventroe Terrase	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Oaklann bem Date Oct. 4 , 193:	
-WRITE mation s CAUSE TION is	10 HADESTAKED GEORGE IN Riskles.	24. Was disease or injury in any way related to occupation of deceased?
FOF	(Address) 1737 E. Easer St.	If so, specify
B	Istalia malla	(Signed) Illiam of My O and M. D.
Z	20. FILED	(Address) 801 le Januaro A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

state

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97
County Baltimore	Registration Dist. No. 3 6
Village or City Darney	Ng Josska (Toad St., Ward
Length of residence in city or town where deeth occurred by yes	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth? yrs mos ds.
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	//•
2. FULL NAME James Ly Xhamul	in
(a) Residence No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male Mill Pridow (write the world)	(Wonth) (Day) (Year)
5a. If married, widowd, or divorced HUSBAND of	
(or) WIFE OF Sabella Shanklin	22. HEREBY CERTIFY, That I attended deceased from
0.10 11th 1852	I last saw h see alive on Select. 7 1933; death is said
6. DATE OF BIRTH (month, day, and year) (MG, 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 2000 m.
0/ 0 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER farmer SAWYER, BDDKKEEPER, etc.	Corelas arterio - un-
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MID. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	selerosis know
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year)	
Britting as a Con	Other Contributory Causes of importance:
(State or esenter)	
a 13. NAME homas Shonklin	
I My tois and Do	Name of operation Date of Date of
14. BIRTHPLACE (city or town) A and Comba	What test confirmed diagnosis?
15. MAIDEN NAME Roch as Il Tucker	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Cachase fuctor 16. BIRTHPLACE (city or town) Balls () Cup	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Carry) (State or country)	Where did injury occur?
17. INFORMANT Mrie Clarence Houch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Full flow Ind.	
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
(Noceasland Cinclesone Seft 1, 19 33	Nature of injury
19. UNDERTAKENTE desich Langesfind Fore	24. Was disease or injury in any way releted to occupation of deceased?
(Address) 1401 Belair Ocoad	If so, specify 710
20. FILED 9/9 , 1933 G. W. 1 Sacou.	(Signed) (1. M. D. M. D.
Registrar.	(Address) Garrine, Ma

CENTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICAT	E OF	DEATH
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0	0		0	1	
U	0	0	3	1	

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 44
Village or City Sparrows Point Length of residence in city or town where death occurred	No. 1326 Beechwood Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) nos. ds How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Stillborn Sharron (a) Residence: No. 1326 (Qual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, or not	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) occupation	ptel lon 5/2 mi
12. BIRTHPLACE (city or town) Dan and mil	Other Contributory Causes of importance: Orsmature trots
13. NAME Edward G. Sharron 14. BIRTHPLACE (city or town) N. Y. (State or country)	Name of operation
15. MAIDEN NAME A. Evelyn Heixy 16. BIRTHPLACE (city or town) Penna (State oppodniry) 17. INFORMANT LOVELYN: Sharron (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Plagellut & Johns Holpkins, 19	Manner of injury
19. UNDERTAKETU of one is al Loboratory (Address) 20. FILED Oct / 1933 9 (H) Corner on the Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signes) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimok, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory eagest of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
KEOELAED			1.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08882
1. PLACE OF DEATH	93-2
/ county & allucione	Registration Dist, No.
Village or City Torroom	No. 213 S. Boley Crest, Ward
Length of residence in city or town where death occurred 5 yrs. 10 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME M QLO CLAST POR	stor Chiller
	St., Long Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (raprice the word)	21. DATE OF DEATH (Moy(h) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIEN. That ! attended deceased from
6. DATE OF BIRTH (month, day, and year) Quy 18 -1857	t last saw x 2 alive on Left 2 mg, 19 3; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
82 years ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Work Mone, as SPINNER, Work Money BookKEEPER, etc.	Muso cordine Insufficione
9. Industry or business in which work was done, es SILK MILL,	
JO. Dato deceased last worked at this occupation (month and year) occupation	
	Other Contributory Causes of importance:
(State or country)	Deleg Course Chino
13. NAME Robert Sanbyle Shalley	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) WT Francisco	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
My Gues. Charles	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tondon Date Date 19 33	
19. UNDERTAKER (Yolum M.) Williams)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Sept 4 , 1.33 Jm P. Bulles orez	(Signed) Saull of pline, Jemps M. D. (Address) Jourson mid
Registrar. If more blanks are needed, address State Registrar,	(Audress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
N			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------	-------	---------	------------	----	-----------

WRITE PLAINLY, W. IN UNFADING INK.—THIS IS A PERMANENT CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-

V. S. No. 1

STATE OF MAR	YLAND—CER	HFICATE (OF DEAT	H (18883
1. PLACE OF DEATH		107.0		3	n
County Daltmore	1	. 0	Registration Dist	t. No.	
Village or City Catorso	le for No.	urred in a horpital or instituti	on, give its NAME in	St., stead of street and n	Ward umber)
Length of residence in city or town where death occurred	yrs,/mos. 6	ds. How long in U.S. if of	foreign birth?	yrs mo	sds.
2. FULL NAME Cannie	Rieldo!		_		
(a) Residence: No. 4019 7ai (Usual place	offstode)	Ward.	If nonresident give	city or town and	State
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CE	ERTIFICATE O	F DEATH	
OR DIVORCE	RIED, WIDOWED, D (write the word)	ATE OF DEATH	at.	250	193 3 -
a. If married, widowed, or divorced	20-ZA		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of London H. ORie	de 22. C	MEREBY	CERTIFY.		fecoased from
. DATE OF BIRTH (month, day, and year)	1862 Hast sa	aw h_ alive on_	cept 2		; death Is said
AGE Years Months Days	If LESS than to have	occurred on the date states	above, at / 2 30	Rm.	
70 / /0	1 day,hrs. The PR were a	INCIPAL CAUSE OF DEAT s follows:	H and related causes o	f importance	Oata of onset
8. Trade, profession, or particular kind of work done, as SPINNER, ASWYER, BOOKKEEPER, etc					
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Iddustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	0	concho.	Treum	ionia.	3lay
	time (years) int in this upation 201				
3		Coatributory Causes of impo	rtance:		
12. BIRTHPLACE (city or town)		2 0 2		-1	1 3
(State or country) 13. NAME OLIFICATION (State or country) 14. BIRTHPLACE (city or town)	ess	entle de	mente		6 MS
14. BIRTHPLACE (city or town)	Name o	of operation		Date of	
(State or country)	Ca What te	est confirmed diagnosis?		Was there an a	u ^t opsy?
15. MAIDEN NAME Do Mronia C	aspet 23. If de	ath was due to external cau	ses (VIOLENCE) fill in	also the following	*
15. MAIDEN NAME Lophronia C	Accide	nt, suicide, or homicide?	Date	e of injury	, 19
(State or country)	Where	did injury occur?	16 1	10	
17. INFORMANT Jao. C. Phiele (Address) 40 kg Fairfa	242 Specify	whether injury occurred in	(Specify city or tow INDUSTRY, in HOME	vn, eounty and State, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manne	r of injury			
Place old fring the	157 > ?!	of injury			-
19. UNDERTAKER Jom Cork	24. Was	disease or injury In any w	ay related to occupation	n of deceased?	no
(Address)	0	specify	,00	10011	- 44 P
20, FILED 9/15,19 Alband	rear (S	signed)VIV.	-, 70		M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Dullework	Registration Dist. No.
Village or City Olla	No. 49 Oella ave St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clarence Luya	(es)
(a) Residence: No. Olla	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX AL 4. COLOR OR MACE S. SINGLE, MARRIED, WIDOWED, OR DIVERSITY OF WITH WITH WITH	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorces HUSBAND of (or) WIFE of Hellie Luydan	22. HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (plath doly, and year year 1876	Hast saw h in alive on Cuy 21 ,19 33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 12.5 Om.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Lalve SAWYER, BDDKKEEPER, etc.	Chronic my ocarditis listra
9. Industry or business in whole work was done, as SIX MILL flux flux flux flux flux flux flux flux	
10. Date deceased last worked at this occupation (month end year) 11. Total the eyears sport in this year)	
12. BIRTHPLACE (city or town) Thany laces (State or country)	Other Contributory Causes of importance:
13. NAME Nowland Snyder	
14. BIRTHPLACE (city or town) Mary land	Name of operation Date of
	What test confirmed diagnosis?
II.	23. If death was due to external causes (VIDL ENCE) fill In elso the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mrs. Hefter Lyyder (Address) (28 lla nid.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Harmony My Date Left. 2, 1933	Nature of injury
19. UNDERTAKER Gaston Low (Address) Ellicott City	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/2 , 19 . All Sulfreak Registrar.	(Signed) Address) Elect City m. D.
A CALLANA	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
		-	
Andrew Co.			

other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

	CERTIFICATE OF DEATH
The state of the s	CERTIFICATE OF DEATH
1. PLACE OF DEATH	109)
County Dalleeen	Registration Dist. No. 2. 2
Village or City tale thouse	No. Coak lack St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME OF the Story	/
	reka.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
unle Mule Jusqueel	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(OT) WIFE OF lineweth of leeiner	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ded 15-1886	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 29 m
46 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Were as follows:
kind of work done, as SPINNER, Carkenters SAWYER, BOOKKEEPER, etc.	74.
9 Industry or business in which work was done, as SILK MILL,	Jota / Kluma lig27
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and	1973
this occupation (month and spent in this occupation was year)	
2/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) During (State or country)	
13. NAME Tolere Attings	
	None of according
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Mathematical Was there an autopsy?
15. MAIDEN NAME Cles Persons	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Have Garef	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17, INFORMANT Linabeth Steeries	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) V Bake Perk- Halethouse	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & accept of gul Date Sept of, 1933	Nature of injury
19 UNDERTAKER J. D. SVISSULT	24. Was disease or injury in any way related to occupation of deceased? 700
(Address) 300 Enclaw Black	If so, specify
20. FILED Self 5-, 13391 M: 11	(Signed) A DIGUADU M. D.
Registrar.	(Address) - Halettorpe no.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example H	
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Chronic interstitial nephvitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	ocy)	virozon. rozoni 1	2

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(68)
County Ballemen	Registration Dist. No.
Village or City Jones Creak	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1 =	death occurred in a hospital of indication, give its realizable instead of sheet and manuely death occurred in a hospital of indication, give its realizable instead of sheet and manuely death occurred in a hospital of indication, give its realizable instead of sheet and manuely death occurred in a hospital of indication, give its realizable instead of sheet and manuely death occurred in a hospital of indication, give its realizable instead of sheet and manuely death occurred in a hospital of indication in the control of the c
2. FULL NAME TROSLES Stew	Town I want to the same of the
(a) Residence: No. Aline of and	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OB RACE ORDIVORCED (write the word) Male UNELL 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mancy Source	22. I HEREBY CERTIFY that I attended deceased from 19 33, to See 1 1 1 19 83
6. DATE OF BIRTH (month, day, and year) Seely 10.189/	Hast saw home alive on Belt 5 4 , 19.83; death is said
7. AGE Years Months Dys If LESS than	to have occurred on the date stated above, at 9. Q.m.
42 / 25 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Date of one Caresmonice Cayo
9. Industry or business in which work was done, as SILK MILL,	
10. Data deceased last worked at this occupation (month and year) this occupation (month and year)	
A DARTHALL OF City on Laws	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (State or country) Steems of Steeland	Myocar delis. Selty
13. NAME John Slewast	
14. BIRTHPLACE (city or town) Colland (State or country)	Nama of operation
15. MAIDEN NAME Qq nes Alexant.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Colland	Where did injury occur?
17. INFORMANT Mus Mancy Stewart (Address) Sin colle ane	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wall Lune Date Dept 1933	Nature of injury
19. UNDERTAKER John Gelench	24. Was disease or injury in any way related to occupation of deceased?
(Address) 2008 Chelegelo	If so, specify B Plantel M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of cpilcpsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	B.VU	A Gold Raps
			4000	RELIT
Other contributory causes of importance:		Other contributory causes of importa		
Gallstones	May 1,1923	Gastrocnteritis	AED	[H. jehr] H

ESERVED FOR BIN	INK-THIS IS A PERM	E should be stated EX.	it it may be properly cla	on hade of contificate
V.S. NO. 1 MARGIN RESERVED FOR BIN.	TLY, TH UNFADING	e carefully supplied. AGI	TH in plain terms, so that	TION is were impositent Con inctrinctions on back of cortificate
V. S. No. 1	N. BWRITE PLAIN	mation should be	CAUSE OF DE	TION in want

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Balts.	Registration Dist. No. 44
Village or City middle Rever	No. Poplar Rd St., Ward
	(If death occurred in hospital or institution, give its NAME instead of street and number) os. ds. How long In U.S. if of foreign birth? yrs. mos. ds
Langth of residence in city or town where death occurredyrsm	us. How long in 0.0.13 of foreign bitti: yrs mos
2. FULL NAME Connie V. Div	elney
(a) Residence: No. 1 Plan Road (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH CALL 1933
4 graon	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	220 I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of form . Severey	Jan 15 ,1938 to aug 31 ,1938
6. DATE OF BIRTH (month, day, and year) Jul. 21-1860	flast saw her alive on area 31 / 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 H.m.
73 6 // l day, hr:	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, At Horrse SAWYER, BOOKKEEPER, etc.	Chronic Talrulay
SAWYER, BOOKKEEPER, etc.	Heart legion
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	Fracture, surficel neck of baronerus, due
year) occupation	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) Balto-	arterio o so Veroses - timo para-
(State er country) byd.	- A Dyzedo
13. NAME Cedw. J. Curlett	Treleve of Thousand
14. BIRTHPLACE (city or town) Balto	Name of operation
(otate of county)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Catherine more	23. If death was duo to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicida? Data of injury, 19
E (State or country) md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT makel a. Jelens (Address) middle Rever	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place New Catthedral Date 1. 7, 1903	Nature of Injury
19. UNDERTAKER John G. Connelly	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) lessy md.	If so, specify
20. FILED Ist 4 1953 John & Comelly	(Signed) davel 1 C. M. M.
Registrar.	(Address) Market Offer of a 14 A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully bett len: retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V. B				
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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>	V. S. No. 1	MARGIN RESERVED FOR BIN	N RES	ERVE.	FC	K BI	Z
Z	N. B.—WRITE PLAINLY, V. H. UNFADING INK-THIS IS A PERM	H UNFAI	ING II	NK-TH	SI SI	A PE	2
	mation should be carefred supplied. AGE should be stated EX	My supplied.	AGE	should b	e sta	ted E	×
	CAUSE OF DEATH in plain terms, so that it may be properly el	plain terms,	so that	it may b	e pro	perly	T
	TION is very important. See instructions on back of certificate.	See instru	ctions o	n back o	f cert	ificate.	

STATE OF MARYLAND	CERTIFICATE OF DEATH 0829
1. PLACE OF DEATH	
County 2 allunore	Registration Dist. No.
Village or City / owsou	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mo	s ds How long in U. S. if of foreign birth?
2. FULL NAME Baby Doc (2)	(nknown)
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH / Found 9/7/33
(Memale bolored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Married dead at Suverage Date of onsot
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Plant in Townsond ly
9. Industry or business in which work was done, as SILK MILL.	care taken alexander
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this operation (month and specific part in this	Hermilton
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town). AMRIAWI	Other Contributory Causes of importance:
(State or country)	
13. NAME LIBROWN	
13. NAME LIKEUOVV 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME ANKLOWN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME AMBUSTUM 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
≥ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Luxurage Mantatore Sept. 7. 1923	Nature of Injury
19. UNDERTAKER allower Libron	24. Was disease or injury in any way related to occupation of deceased?
(Address) Gawson	If so, specify
20. FILED left 7, 1933 Am P. Butter	(Signed) M. D. (Address) Journal M. D.
Registrar.	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 ż

STATE OF MARYL	AND-CERTIF	ICATE (OF DEATH
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1. PLACE	OF DEAT	THO		-	(167)	
County	Balti	imore	Succession	25	Registration Dist. No. 3 2	
		y or town where d	leath occurred	(1	in Buruid Ridge Cemetery f death occurred in a horpital or institution, give its NAME instead of street and n s. 0 ds. How long in U.S. If of foreign birth? 27 yrs. 8 mo	Ward
2. FULL N	AME	Н	Hamilton	Caughy Wal	ker, 2nd.	
(a) Reside	ence: No		est Park (Usualplace	Ave	St., Ward. Baltimore City. If nonresident give city or town and	State
PERSO	NAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male		r OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 18th (Month) (Dev)	, 193 3 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divor	ced Brenda I	Badders W	alker	22. I HEREBY CERTIFY, That I attended on	deceased from
6. DATE OF BIRTI 7. AGE Y	H (month, day 'ears	, and year) Jg Months	anuary-1-	If LESS than	I last saw h alive on 10 last saw h last saw h last sated above, et 3 P m.	
8 Trade pro	27 fession, or pe	8	17	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Date of onset
SAWYE	f work done, a ER, BOOKKEEI r business in vas done, as S HILL, BANK, e	as SPINNER, PER, etc which	Salesm Sellin		Gunshot wound in head. Suicide.	
- (1113 00	ased last work cupation (mon	th and ployed	000:	ime (years) nt in this upation?	Other Contributory Canses of importance:	
12. BIRTHPLACE (State or co			altimore aryland	Citya		
I3. NAME		Hamilto	on S. Walk	er		
14. BIRTHPLA	CE (city or to	wn) Pike	sville		Name of operation Date of	
1 (State	or country)	Mary	rland		What test confirmed diagnosis? Was there an e	utopsy?
15. MAIDEN N	AME	Tere	esa Walke	r Yeakle	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLA (State	CE (city or too or country)		imore Ci	ty	Accident, suicide, or homicide? Suicide Date of injury 9/1 Where did injury occur? Druid Ridge Cometer	V.
17. INFORMANT (Address)			Walker Y		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA Druid Ridge Cometery	CE.
To BURIAL, CREM			Dete Sept	-20-3319	Manner of Injury) Gun shot wound Neture of injury) in right temple	
19. UNDERTAKER (Address) 20. FILED-PL	108 W.	rt & Mowe North Av		My Registrar.	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	Date of onset 1 week ago
	1 week ago
Run over hu street car	
Tetall deel dig del dee ear	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY,

V. S. No. 1

TION is very Important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(ii) 00000
County 13 allegnesse	Registration Dist. No. 35
Village or City Sarkless	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME John adamy	Wallermyer
(a) Residence No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer)	! last saw h eliva on, 19, 19, 19; death is said
7. AGE Years Months Days If LESS than	Io have occurred on the date stated above, at 10 30 Q m.
ane 15- 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc	Bastro Enteritis
work was done, as SILK MILL, SAW MILL, BANK, etc.	/Scesero mesiles-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and year) occupation	
Ply	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 7/ A A B A A A	
[State or country]	Name of operation Dete of
I IS, MAIOEN NAME BOSSIE Blee-Polling	What lest confirmed diegnosis? Was there an au'opsy?
Each	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Bessie Waltermijer	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Teles Freeden Oate Sept 1," 1933	Manner of injury
Early 10 NO	Nature of injury
19. UNOERTAKER (Addiess)	24. Was disease or injury In any way related to occupation of deceased?
Parel 22 Mon 45	(Signed) Chelster of Fellow Carry
20. FILED September 1900 Place of Telescono Registrar.	(Address) Med Time bad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

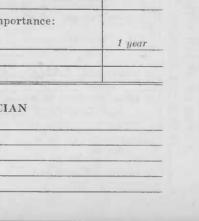


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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:0)
County Salluerose	Registration Dist. No. 30
Village or City Calousville	No. Educated Son Cote, St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred/_yrs,mos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Junie West	
(a) Residence: No. Ledenoudson Over (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet J ettended deceased from
(or) WIFE of Thomas	au 25 19.32 to Self / 19.33
6. DATE OF BIRTH (month, dey, and feature 1 3 4 1856	l lest saw h Au alive on Seft / 1935; death is said
7. AGE Years Months Days If LESS then	to heve occurred on the dete steted above, atm.
77 5 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Date of onset
SAWYER, BOOKKEEPER, etc.	Chrone Caluda Hant disin 29, 7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1
10. Date decessed last worked at this occupation (month and spent in this	
yeer) Occupation SOA	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town)	A-
(State or country)	allero sclerosis luf
13. NAME Aftery Bulley 14. BIRTHPLACE (city or town). (Stele or country)	A
4. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
(5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	What test confirmed diegnosis? Classe Westhere en autopsy? Ale
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
The Matter of Parish	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Edwards on Over Catouanlle	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Misser One Date 7, 19,3	Neture of injury
19. UNDERTAKER & aston Sonb	24. Was disease or injury in any way related to occupation of deceased?
(Address) Elleast City	If so, specify
20. FILED Seft 2-, 1933 marshall B Wash	(Signed) Manshall 13 West M. D. (Address) Calounelle Zul
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

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STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blank are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epitepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributors causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County & allo	Registration Dist. No.
Village or City Slandon	No. St., Ward
Length of residence In city or town where death occurred 35 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Samuel H Yealls	
A hordand	C4 Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Make 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 12 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (Day) (Tear)
HUSBAND OF Fannie R Yealts	6et HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 19 1866	I last saw have alive on Peter [7 , 19.3]; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/Zm.
72 14 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	nephritis & Cerelul 1929
9. Industry or business in which work was done, as SILK MILL,	Humbage
9. Industry or business in which work was done, as SILK MILL, Butthur SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this 27.4)	fallow of Parlynn &
this occupation (month and spent in this 33 occupation 33	Direction
12. BIRTHPLACE (city or town) York Pa.	Other Contributory Causes of importance:
(State or country)	Cardin Surpheceny
13. NAME Unknown	y asciles.
13. NAME WARPINGE 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Stehoscoper Was there an autopsy? &
15. MAIDEN NAME Unprom	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Man Famuele. Yells	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place armed from Date Suppl. 14, 1933	Nature of injury
19. UNDERTAKER & Eling + Sins	24. Was disease or injury in any way related to occupation of deceased? Vic
(Address) Resolvatous MA d	If so, specify
20. FILED 5 3 1933 TYBE LESSON	(Signed) I Know with M. D.
Registrar.	(Address) Flyssat Uni

CTATE OF MADVI AND CEDTIFICATE OF DEATH

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Example I	1	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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